

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000006075**

1. Entity Name  
**SOCIETY OF ST. VINCENT DE PAUL, SACRED HEART  
CONFERENCE, INC.**



Principal Place of Business  
**211 WEST CHARLOTTE AVENUE  
PUNTA GORDA, FL 33950 US**

Mailing Address  
**211 WEST CHARLOTTE AVENUE  
PUNTA GORDA, FL 33950 US**



05062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**80-0029958**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FILEMAN, GARY T  
1107 WEST MARION AVE SUITE 112  
PUNTA GORDA, FL 33950**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000950446  
06/03/08-80069-004 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THEISEN, LYNNETTE 17171 SPICELANE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOGEL, ELAINE 5122 ALMAR DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABATINO, JOSEPH 3706 CANDIA DRIVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN JONES, ROBERT 2131 EL CERITO COURT PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COTYK, EVELYN 26461 FEATHERSOUND DRIVE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, GEORGE 2735 LUNA CT PUNTA GORDA, FL 33950

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Robert A. Van Jones*  
**ROBERT A. VAN JONES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*5-6-08* **941-979-7025**

Daytime Phone #