FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01946 (5)

1. Corporation Name
MANASOTA DISTRICT COUNCIL, ST. VINCENT DE PAUL S OCIETY, INC.

Principal Place of Business	Mailing Address
2427 JUNIPER PLACE %THOMAS DEBROSSE SARASOTA FL 34239	2427 JUNIPER PLACE %THOMAS DEBROSSE SARASOTA FL 34239

3. Date Incorporated or Qualified: 03/14/1984
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
21: 2709 COVENTRY DR.
22: Suite, Apt. #, etc.:
23: City & State: SARASOTA, FL
24: Zip: 34231
25: Country: USA

2a. Mailing Address
26: 2709 COVENTRY DR.
27: Suite, Apt. #, etc.:
28: City & State: SARASOTA, FL
29: Zip: 34231
30: Country: USA

4. FEI Number: 59-2378750 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

DEBROSSE, THOMAS
2427 JUNIPER PLACE
SARASOTA FL 34239

10. **Name and Address of New Registered Agent**

81 Name: CHARLES T. DOUGHERTY
82 Street Address (P.O. Box Number is Not Acceptable): 2709 COVENTRY DR.
83:
84 City: SARASOTA FL 85 Zip Code: 34231

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Charles T. Dougherty — Feb. 9, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEBROSSE, THOMAS 2427 JUNIPER PLACE SARASOTA FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD CHARLES T. DOUGHERTY 2709 COVENTRY DR. SARASOTA, FL 34231	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, CHARLOTTE 3642 COPEHAGEN SARASOTA FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD WALTER WADE 4204-14th Ave. E BRADENTON, FL 34208	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BRENNAN, SR. MAUREEN T. 2584 JEFFERSON CIRCLE SARASOTA FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD ELEANOR HUFF 3010 Ringwood Meadow SARASOTA, FL 34235	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TD FRANK SHEA 3631 Key Place SARASOTA, FL 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles T. Dougherty — Feb. 9, 1996 — (941) 922-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #