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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
2709 CONVENTRY DR %THOMAS DEBROSSE SARASOTA FL 34231 US	2709 COVENTRY DR %THOMAS DEBROSSE SARASOTA FL 34231-6921 US

3. Date Incorporated or Qualified: 03/14/1984
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business	2a. Mailing Address
21 2709 COVENTRY DR.	26 2709 COVENTRY DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip / Country 24 34231 / 25 US	Zip / Country 29 34231-6921 / 30 US

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	10. Name and Address of New Registered Agent
DOUGHERTY, CHARLES T 2709 CONVENTRY DR SARASOTA FL 34231	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	DOUGHERTY, CHARLES T		1.2 NAME		
STREET ADDRESS	2709 COVENTRY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	34231	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WADE, WALTER		2.2 NAME	Georgio, Vito	
STREET ADDRESS	4204 14TH AVE E		2.3 STREET ADDRESS	28 Tahitian Dr.	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	Ellenton 34221 FL	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	HUFF, ELEANOR		3.2 NAME		
STREET ADDRESS	3010 RINGWOOD MEADOW		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	34235	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	SHEA, FRANK		4.2 NAME		
STREET ADDRESS	3631 KEY PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	34232	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 CHARLES T. DOUGHERTY 4-9-97 941 922-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060960