2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2005 8:00 am **Secretary of State DOCUMENT # N01946** 1. Entity Name 04-29-2005 90204 017 ****61.25 MANASOTA DISTRICT COUNCIL, ST. VINCENT DE PAUL SOCIETY, INC. Principal Place of Business Mailing Address 512 S ORANGE AVE 7305 S SERENOA DR SARASOTA, FL 34236 US SARASOTA, FL 34231 us 2. Principal Place of Business 3. Mailing Address 6321 16 TH AVE DRIVE WEST Suite, Apt. #, etc. 02082005 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2378750 Applied For BRADENTON FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 34209 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAGRATH, SOPHIE **GERVAIS, DARWIN** Street Address (P.O. Box Number is Not Acceptable) 6321 167HAVE DRIVE WEST 7305 S SERENOA DR SARASOTA, FL 34231 City 34209 BRADENTON 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. SOPHIE MAGRATH, PRESIDENT 3/09/2005 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete TITLE TITLE **Change** Addition MAGRATH SOPHIE 6321 16TH AVE DRIVE WEST GERVAIS, DARWIN NAME NAME STREET ADDRESS 7305 S SERENOA DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP BRATENTON, FL 34209 SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition COURY, PORTIA NAME NAME 3480 IRONWOOD LN 3 106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change Addition HOWARD, FRANCIS NAME NAME STREET ADDRESS 7565 BILTMORE DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I 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 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. SOPHIE MAGRATH, PRESIDENT 4/19/05

CICNATIDE. & Spline Magneth

FILED