

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90054 011 ****61.25

DOCUMENT # N01946					
1. Entity Name MANASOTA DISTRICT COUNCIL, ST. VINCENT DE PAUL SOCIETY, INC.					
Principal Place of Business 512 S ORANGE AVE SARASOTA, FL 34236 US			Mailing Address 6321 16TH AVE DRIVE WEST BRADENTON, FL 34209 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2378750	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOPHIE, MAGRATH 6321 16TH AVE DRIVE WEST BRADENTON, FL 34209				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	Zip Code
				FL	
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 May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MAGRATH, SOPHIE		NAME		
STREET ADDRESS	6321 16TH AVE DRIVE WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COURY, PORTIA		NAME		
STREET ADDRESS	3480 IRONWOOD LN 3 106		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	HOWARD, FRANCIS		NAME	TD JOAN B. SLANE	
STREET ADDRESS	7565 BILTMORE DR		STREET ADDRESS	6610 COPPER RIDGE TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	UNIVERSITY PARK, FL 34201	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Sophie Magrath</i>		SOPHIE MAGRATH		4/5/07 (941) 794-2557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
PRESIDENT					