


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90075 034 ****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 64 Arbor Oaks Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SARASOTA FL		4. FEI Number 59-2378750	
Zip		Zip 34232		Country US	
6. Name and Address of Current Registered Agent SOPHIE, MAGRATH 6321 16TH AVE DRIVE WEST BRADENTON, FL 34209				7. Name and Address of New Registered Agent Name: Francis B. Shea Street Address (P.O. Box Number is Not Acceptable): 64 ARBOR OAKS DR City: SARASOTA FL Zip Code: 34232	
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: <u>Francis B. Shea</u> DATE: <u>4-17-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME MAGRATH, SOPHIE STREET ADDRESS 6321 16TH AVE DRIVE WEST CITY-ST-ZIP BRADENTON, FL 34209	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Francis B. Shea STREET ADDRESS 64 Arbor Oaks Drive CITY-ST-ZIP Sarasota, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME COURY, PORTIA STREET ADDRESS 3480 IRONWOOD LN 3 106 CITY-ST-ZIP BRADENTON, FL 34209	<input type="checkbox"/> Delete		TITLE SD NAME 4570 PINE BROOK CIR # 202 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SLANE, JOAN B STREET ADDRESS 6610 COOPER RIDGE TRAIL CITY-ST-ZIP UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Delete		TITLE TD NAME 6610 COPPER RIDGE TR. STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Joan B. Slane</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-17-08 941.360-1680 Date Daytime Phone #		

JOAN B. SLANE