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.									04-2	21-2006	20073	054 6	11.23
Principal Place of Business 512 S ORANGE AVE SARASOTA, FL 34236 US Mailing Address 6321 16TH AVE DRIVE WEST BRADENTON, FL 34209 US							-	4 UU • • •					
Principal Place of Business - No P.O. Box # 3. Mailing Address					. ~ . ~								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					04152008	Chg-	NP	CR2E	037 (12/06)	
City & State			CHICHOUTH .			-د	50 0070760					pplied For ot Applicable	
Zip		Country	Zip 3 4 2	23 A	Cou	intry		5. Certificat	e of Statu	s Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registered	Agent				7. Name an	d Addres	s of New I	Registered	Agent	
SOPHIE, M				-		—		heis	<u> 3-</u>	Sh			
6321 16TH BRADENT								P.O. Box Num RBOR	per is Not	Acceptable 5	<u> </u>	૯	
						City	801	45071	•		F	Zip Coo	
	named entit	y submits this statement fo tered agent.	or the purpos	e of changing its	register					State of FI	orida. I ar		
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SIGNATURE	Signature, typed	or printed name of registered agent	and title if applic	anle (NOI	E. Danistara	d Agent signature					DATE	<u>-</u>	
					c. negisiere	a Agent Signature	re required	when remaining)					
	_	ne is \$61.25 May 1, 2008		9. Election Cal Trust Fund (mpaign F	inancing _		\$5.00 May Added to Fee	Be s		flake che	ck payable t artment of S	
10.	Due by f	ne is \$61.25		9. Election Car Trust Fund (mpaign F Contribut	inancing ion.		\$5.00 May	s	Flo	fake che rida Depi	IRECTORS IN	tate
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-08

941.360-1680

B SLANE TODAL