

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01946

FILED
Apr 20, 2009
Secretary of State

Entity Name: MANASOTA DISTRICT COUNCIL, ST. VINCENT DE PAUL SOCIETY, INC.

Current Principal Place of Business:

512 S ORANGE AVE
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

64 ARBOR OAKS DR.
SARASOTA, FL 34232 US

New Mailing Address:

7409 3RD AVE NW
BRADENTON, FL 34209 US

FEI Number: 59-2378750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, FRANCIS B
64 ARBOR OAKS DR.
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

COLEMAN, MICHAEL P
7409 3RD AVE NW
BRADENTON, FL 34209 US

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.

SIGNATURE: MICHAEL P. COLEMAN

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEA, FRANCIS B
Address: 64 ARBOR OAKS DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: SD () Delete
Name: CORY, PORTIA
Address: 4570 PINE BROOK CIR #202
City-St-Zip: BRADENTON, FL 34209

Title: TD () Delete
Name: SLANE, JOAN B
Address: 6610 COPPER RIDGE TR.
City-St-Zip: UNIVERSITY PARK, FL 34201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLEMAN, MICHAEL P
Address: 7409 3RD AVE. NW
City-St-Zip: BRADENTON, FL 34209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. COLEMAN

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date