

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

FILED
Jan 13, 2005 08:00 AM
Secretary of State

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1. Entity Name
**ST. VINCENT DE PAUL SOCIETY DISTRICT COUNCIL,
SOUTH MIAMI, INC.**



Principal Place of Business
**8081 SW 54 COURT
MIAMI, FL 33143 US**

Mailing Address
**5685 SW 85 STREET
MIAMI, FL 33143-8333 US**



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0681310

Applied For
Not Applicable

5. Certificate of Status Desired
**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRODEUR, GEORGE BRIAN
5685 SW 85 STREET
MIAMI, FL 33143-8333**

**DO NOT WRITE
IN THIS SPACE**

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 **BRIAN BRODEUR, PRES.**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/10/2005
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODEUR, BRIAN 5685 SW 85 STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, SUE ANN 9291 CARIBBEAN BLVD MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCULLAGH, ROSE 10949 SW 113 PLACE APT W MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRODEUR, PEGGY 5685 SW 85 STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD MARTELL, VICTOR M 9301 SW 140 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000180270
01/13/05-80053-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **PEGGY BRODEUR, TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2005 **305-666-8067**
Date Daytime Phone #