

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90023 048 \*\*\*\*61.25

<b>DOCUMENT # N02000006733</b>					
<b>1. Entity Name</b> ST. VINCENT DE PAUL SOCIETY DISTRICT COUNCIL, SOUTH MIAMI, INC.					
<b>Principal Place of Business</b> 8081 SW 54 COURT MIAMI, FL 33143 US			<b>Mailing Address</b> 5685 SW 85 STREET MIAMI, FL 33143-8333 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 9291 CARIBBEAN BLVD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9291 CARIBBEAN BLVD Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL		<b>4. FEI Number</b> 65-0681310	
<b>Zip</b> 33157		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BRODEUR, GEORGE BRIAN PRES 5685 SW 85 STREET MIAMI, FL 33143-8333			<b>7. Name and Address of New Registered Agent</b> Name: SUE ANN CAMPBELL Street Address (P.O. Box Number is Not Acceptable): 9291 CARIBBEAN BLVD City: MIAMI-DADE FL Zip Code: 33157		
<b>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.</b> SIGNATURE: <u>Sue Ann Campbell</u> X Sue Ann Campbell, President <span style="float: right;">1/22/07 01/22/2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> BRODEUR, GEORGE BRIAN PRES <b>STREET ADDRESS</b> 5685 SW 85 STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> CAMPBELL, SUE ANN PRES <b>STREET ADDRESS</b> 9291 CARIBBEAN BLVD - MIAMI FL 33157 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> CAMPBELL, SUE ANN V PRES <b>STREET ADDRESS</b> 9291 CARIBBEAN BLVD <b>CITY-ST-ZIP</b> MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> BRODEUR, GEORGE BRIAN V PRES <b>STREET ADDRESS</b> 5685 SW 85 STREET - MIAMI FL 33143 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> MCCULLAGH, ROSE SCTY <b>STREET ADDRESS</b> 10949 SW 113 PLACE APT W <b>CITY-ST-ZIP</b> MIAMI, FL 33176	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> BRODEUR, PEGGY TREAS <b>STREET ADDRESS</b> 5685 SW 85 STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> CASTILLA, MANUEL A. <b>STREET ADDRESS</b> 6051 SW 44 TERRACE - MIAMI FL 33155 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> BRODEUR, PEGGY ASST. TREAS. <b>STREET ADDRESS</b> 5685 SW 85th Street <b>CITY-ST-ZIP</b> MIAMI, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b> SIGNATURE: <u>Rose McCullagh</u> Rose McCullagh, Secretary <span style="float: right;">1/22/07 01/22/2007</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					