## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N02000006733

RT FILED
Dec 17, 2009
Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

9291 CARIBBEAN BLVD. 12945 SW 185 TERRACE CUTLER BAY, FL 33157 US MIAMI, FL 33177 US

Current Mailing Address: New Mailing Address:

9291 CARIBBEAN BLVD. 12945 SW 185 TERRACE CUTLER BAY, FL 33157 US MIAMI, FL 33177 US

FEI Number: 26-2005207 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAMBELL, SUE ANN

9291 CARIBBEAN BLVD.

MIAMI, FL 33157 US

CONCHA-RODRIGUEZ, ALEX
12945 SW 185 TERRACE
MIAMI, FL 33177 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: ALEX CONCHA-RODRIGUEZ 12/17/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITION

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CAMBELL, SUE ANN
 Name:
 CONCHA-RODRIGUEZ, ALEX

 Address:
 9291 CARIBBEAN BLVD.
 Address:
 12945 SW 185 TERRACE

 City-St-Zip:
 CUTLER BAY, FL 33157 US
 City-St-Zip:
 MIAMI, FL 33177 US

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 CASTILLA, MANUEL A
 Name:
 BURGER, PAUL A

 Address:
 6051 SW 44TH TERRACE
 Address:
 20216 SW 129 AVE.

 City-St-Zip:
 MIAMI, FL 33155 US
 City-St-Zip:
 MIAMI, FL 33177 US

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCCULLAGH, ROSE
 Name:

 Address:
 10949 SW 113 PLACE APT W
 Address:

 City-St-Zip:
 MIAMI, FL 33176 US
 City-St-Zip:

 Name:
 CASTILLA, MANUEL A
 Name:
 BURGER, PAUL A

 Address:
 6051 SW 44TH TERRACE
 Address:
 20216 SW 129 AVE.

 City-St-Zip:
 MIAMI, FL 33155 US
 City-St-Zip:
 MIAMI, FL 33177 US

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: ALEX CONCHA-RODRIGUEZ PD 12/17/2009