

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N05000003301</b> 1. Entity Name <b>ST. VINCENT FERRER FOUNDATION INCORPORATED USA</b>					
Principal Place of Business <b>1378 SILVER MOON DR TALLAHASSEE, FL 32312</b>				Mailing Address <b>1378 SILVER MOON DR TALLAHASSEE, FL 32312</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>1378 Silver Moon Dr.</b>		3. Mailing Address Suite, Apt. #, etc. <b>1378 Silver Moon Dr</b>		03072006 Chg-NP CR2E037 (11/05)	
City & State <b>Tallahassee, Florida</b>		City & State <b>Tallahassee Florida</b>		4. FEI Number <b>EIN 36-457 4895</b>	
Zip <b>32312</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAMPBELL, CRISTITA P MD 1378 SILVER MOON DR TALLAHASSEE, FL 32312</b>				7. Name and Address of New Registered Agent Name <b>NA, No change</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <u><i>Cristita Pahony Campbell MD</i></u> <span style="float: right;">3/21/06</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 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAMPBELL, CRISTITA P DR</b> <b>1378 SILVER MOON DR</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Amadeo Escueta</b> <b>2958 Giverney Circle</b> <b>Tallahassee, Florida 32309</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JAVELONA, LEMUEL P DR</b> <b>9224 NASH AVE</b> <b>CHARLOTTE, NC 28213</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rene Luna</b> <b>2909 Guinevere Lane</b> <b>Tallahassee, Florida 32301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>CAMPBELL, LEA P</b> <b>P.O. BOX 472908</b> <b>CHARLOTTE, NC 28247</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ROMAN, LORNA</b> <b>1378 SILVER MOON DR</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIAO, CLYDE</b> <b>1307 WALDEN RD</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LARUMBE, DICK DR</b> <b>339 W REDSOX PATH</b> <b>HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u><i>Cristita P. Campbell MD</i></u> <span style="float: right;">3/21/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					