

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003301			
1. Entity Name ST. VINCENT FERRER FOUNDATION INCORPORATED USA			
Principal Place of Business 1378 SILVER MOON DR TALLAHASSEE FL 32312		Mailing Address 1378 SILVER MOON DR TALLAHASSEE FL 32312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CAMPBELL, CRISTITA P MD 1378 SILVER MOON DR TALLAHASSEE FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature typed or printed name of registered agent and the taxpayer. (NOTE: Registered Agent signature is not required on this filing.) DATE			
FILE NOW. FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CAMPBELL, CRISTITA P DR 1378 SILVER MOON DR TALLAHASSEE FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U000000870447 04/09/08-80089-011 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V JAVELONA, LEMUEL P DR 9224 NASH AVE CHARLOTTE NC 28213 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST CAMPBELL, LEA P P.O. BOX 472908 CHARLOTTE NC 28247 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AST ROMAN, LORNA 1378 SILVER MOON DR TALLAHASSEE FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRO DIAO, CLYDE 1307 WALDEN RD TALLAHASSEE FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LARUMBE, DICK DR 339 W REDSOX PATH HERNANDO FL 34442 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cristita P. Lin Campbell

3/25/08

*850-342 0461
850-402 2961*