

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009145

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** SOCIETY OF ST. VINCENT DE PAUL DISTRICT COUNCIL OF CHARLOTTE COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

21505 AUGUSTA AVENUE  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

21505 AUGUSTA AVENUE  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 37-1566756      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SABATINO, JOSEPH  
3706 CANDIA DRIVE  
PUNTA GORDA, FL 33950 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SABATINO, JOSEPH  
Address: 3706 CANDIA DR  
City-St-Zip: PUNTA GORDA, FL 33950

Title: V ( ) Delete  
Name: BRENNAN, ANN N  
Address: 11335 SW COURTNEY DR  
City-St-Zip: LAKE SUZY, 34269

Title: V ( ) Delete  
Name: GALAMBOS, RICHARD  
Address: 3485 ROCK CREEK DR  
City-St-Zip: PORT CHARLOTTE, 33948

Title: S ( ) Delete  
Name: MAGUIRE, ANITA  
Address: 19505 QUESADA AVE. A203  
City-St-Zip: PORT CHARLOTTE, 33948

Title: T ( ) Delete  
Name: THEISEN, LYNETTE  
Address: 17171 SPICE LANE  
City-St-Zip: PUNTA GORDA, 33955

Title: P ( ) Delete  
Name: NUNES, TARRAH  
Address: 103 SINCLAIR ST SE  
City-St-Zip: PORT CHARLOTTE, 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: BRENNAN, ANN N  
Address: 11335 SW COURTNEY DR  
City-St-Zip: LAKE SUZY, FL 34269

Title: V (X) Change ( ) Addition  
Name: PETERS, RICHARD  
Address: 2408 SILVER PALM ROAD  
City-St-Zip: NORTH PORT, FL 34288

Title: S (X) Change ( ) Addition  
Name: MAGUIRE, ANITA  
Address: 19505 QUESADA AVE. A203  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T (X) Change ( ) Addition  
Name: THEISEN, LYNETTE S  
Address: 17171 SPICE LANE  
City-St-Zip: PUNTA GORDA, FL 33955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LYNETTE S THEISEN

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date