

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09363

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC.

**Current Principal Place of Business:**

384 15TH ST N  
SAINT PETERSBURG, FL 337052015 US

**New Principal Place of Business:**

**Current Mailing Address:**

384 15TH ST N  
SAINT PETERSBURG, FL 337052015 US

**New Mailing Address:**

**FEI Number:** 59-2380770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAPOSA, MICHAEL EX DIR  
384 15TH STREET NORTH  
ST PETERSBURG, FL 33705 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  
**Name:** SULLIVAN, PAT  
**Address:** 3825 42ND AVENUE SOUTH  
**City-St-Zip:** ST PETERSBURG, FL 33711

**Title:** 1VP  
**Name:** SIMONE, PENNY  
**Address:** 1310 13TH STREET NORTH  
**City-St-Zip:** ST PETERSBURG, FL 33705

**Title:** 2VP  
**Name:** DELOREY, HAROLD  
**Address:** 140 98TH AVENUE NORTH  
**City-St-Zip:** SAINT PETERSBURG, FL 33702

**Title:** CCT  
**Name:** YOUMANS, CHRIS  
**Address:** UNITED CAP FUND 146 2ND ST N STE 200  
**City-St-Zip:** ST PETERSBURG, FL 33701

I hereby 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 all other like empowered.

**SIGNATURE:** PAT SULLIVAN

P

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date