FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:26

DOCUMENT # N12959 (5)

1. Corporation Name

COUNCIL OF ST. PETERSBURG DIOCESE SOCIETY OF ST VINCENT DE PAUL, INC.

Principal Place of Business	Mailing Address
620 PINELAND AVE BELLEAIR FL 34616-1523	620 PINELAND AVE BELLEAIR FL 34616-1523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1986
3a. Date of Last Report: 10/05/1994
4. FEI Number: 59-2617093 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired XX $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RYAN, THOMAS D
620 PINELAND AVE
BELLEAIR FL 34616-1523

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RYAN, THOMAS D	1.2 NAME	
STREET ADDRESS	620 PINELAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLAIRE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	SD XX Change ☐ Addition
NAME	GORDON, JOAN	2.2 NAME	CLAY, MARY
STREET ADDRESS	1125 SYNNYDALE DRIVE	2.3 STREET ADDRESS	5022 Brookside Lane
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	New Port Richey, Fl. 34653
TITLE	TD	3.1 TITLE	TD XX Change ☐ Addition
NAME	VANDENBERG, DRIES	3.2 NAME	HAINS, WALTER
STREET ADDRESS	2358 HAVANA DR	3.3 STREET ADDRESS	1613 Pine Place
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, Fl. 34615
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BIRMINGHAM, JOHN	4.2 NAME	
STREET ADDRESS	70215-1 COGNAC DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHIE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	REAGER, WILLIAM	5.2 NAME	
STREET ADDRESS	2069 DOLPHIN BLVD, S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas D. Ryan PRESIDENT 1/20/95 (813) 584-8756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

000031?