


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12959 (5)
1. Corporation Name
COUNCIL OF ST. PETERSBURG DIOCESE SOCIETY OF ST VINCENT DE PAUL, INC.



Principal Place of Business 620 PINELAND AVE BELLEAIR FL 34616-1523	Mailing Address 620 PINELAND AVE BELLEAIR FL 34616-1523
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2. Principal Place of Business 21 4216 S. MANHATTAN Suite, Apt. #, etc. 22 214 City & State 23 TAMPA FL Zip 24 33611		2a. Mailing Address 26 P.O. Box 13938 Suite, Apt. #, etc. 27 City & State 28 TAMPA FL Zip 29 33681-0938		3. Date Incorporated or Qualified 01/15/1986		3a. Date of Last Report 01/31/1996	
				4. FEI Number 59-2617093		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 81 Name ROBERT, MARVIN A. 82 Street Address (P.O. Box Number is Not Acceptable) 4216 S MANHATTAN #214 83 84 City TAMPA FL 85 Zip Code 33611			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Marvin A. Robert* **MARVIN A. ROBERT** **3-11-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RYAN, THOMAS D		1.2 NAME	ROBERT, MARVIN A			
STREET ADDRESS	620 PINELAND AVE		1.3 STREET ADDRESS	4216 S MANHATTAN #214			
CITY-ST-ZIP	BELLAIRE FL		1.4 CITY-ST-ZIP	TAMPA FL 33611-1340			
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAY, MARY		2.2 NAME				
STREET ADDRESS	5022 BROOKSIDE LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAINS, WALTER		3.2 NAME				
STREET ADDRESS	1613 PINE PLACE		3.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BIRMINGHAM, JOHN		4.2 NAME	LANDANTA, CESAR			
STREET ADDRESS	70215-1 COGNAC DRIVE		4.3 STREET ADDRESS	2189 ORCHARD PARK DR			
CITY-ST-ZIP	PORT RICHIE FL		4.4 CITY-ST-ZIP	SPRING HILL FL 34608			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REAGER, WILLIAM		5.2 NAME	LATINA, JOSEPH			
STREET ADDRESS	2069 DOLPHIN BLVD, S.		5.3 STREET ADDRESS	7113 WHITTE ST.			
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	TAMPA FL 33617			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME	HOLT, DENNIS			
STREET ADDRESS			6.3 STREET ADDRESS	23647 WOODBURN AV			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	LAND O' LAKES FL 34685			

14. I do hereby certify that the information supplied with this filing 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: *Marvin A. Robert* **MARVIN A. ROBERT** **3-11-97** **813-839-9325**

CR2E037 (9/96)