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**Mar 03, 1999 8:00 am**  
**Secretary of State**

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0031947

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12959**

1. Corporation Name

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

Principal Place of Business

4216 S MANHATTAN  
214  
TAMPA FL 33611  
US

Mailing Address

PO BOX 13938  
TAMPA FL 33681  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/15/1986

4. FEI Number

59-2617093

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**ROBERT  
ROBERT MARVIN A  
4216 S MANHATTAN 214  
TAMPA FL 33611**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 *Robert Marvin A.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-10-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERT MARVIN A	
STREET ADDRESS	4216 S MANHATTAN 214	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLAY, MARY	
STREET ADDRESS	5022 BROOKSIDE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAINS, WALTER	
STREET ADDRESS	1613 PINE PLACE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LANDAETA CESAR	
STREET ADDRESS	2189 ORCHARD PARK DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LATINA JOSEPH	
STREET ADDRESS	7113 WHITTER ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLT DENNIS	
STREET ADDRESS	23647 WOODGLEN AVE	
CITY-ST-ZIP	LANDO O'LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT MARVIN A.
1.3 STREET ADDRESS	← SAME AS AG
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	CURLEY, JERRY
2.4 CITY-ST-ZIP	7929 SHAWWOOD RD LARGO FL 34643
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D.
4.3 STREET ADDRESS	BISSELL, GEORGE
4.4 CITY-ST-ZIP	1970 LANDOVER BLVD SPRING HILL FL 34608
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Robert Marvin A.* **SIGNATURE REQUIRED** *ROBERT MARVIN A. ROBERT* **2-10-99** **813-832-5486**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)