

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90301 044 ****70.00

DOCUMENT # N12959

1. Entity Name

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



Principal Place of Business

**19111 VISTA BAY DR.
#415
INDIAN SHORES FL 33785
US**

Mailing Address

**19111 VISTA BAY DR.
#415
INDIAN SHORES FL 33785
US**

94034308



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2617093

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, JOHN
19111 VISTA BAY DR #415
INDIAN SHORES FL 33785**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | ED | <input type="checkbox"/> Delete |
| NAME | ROBERT, MARVIN A | |
| STREET ADDRESS | 4216 S MANHATTAN 214 | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | SAMPSON, SOPHIE | |
| STREET ADDRESS | 9379 87TH TERRACE NORTH | |
| CITY-ST-ZIP | SEMINOLE FL 33777 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HAINS, WALTER | |
| STREET ADDRESS | 1613 PINE PLACE | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CASEY, TIM | |
| STREET ADDRESS | 14818 FARNHAM WAY | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ALLEN, JOHN | |
| STREET ADDRESS | 19111 VISTA BAY DR #415 | |
| CITY-ST-ZIP | INDIAN SHORES FL 33785 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCCOY, EDWARD A | |
| STREET ADDRESS | 8416 ELGIN DR. | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mr. Thomas D. Ryan | |
| STREET ADDRESS | 620 Pine Road A/C | |
| CITY-ST-ZIP | Bellevue FL 34616 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/15/04 727
595-3876*