

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12959

FILED
May 30, 2006
Secretary of State

Entity Name: ST VINCENT DE PAUL SOCIETY CENTRAL COUNCIL OF ST PETERSBURG DIOCESE, INC

Current Principal Place of Business:

12813 CANDLEWOOD WAY
BAYONET POINT, FL 34667 US

New Principal Place of Business:

7236 SR 52
SUITE 12
BAYONET POINT, FL 34667 US

Current Mailing Address:

12813 CANDLEWOOD WAY
BAYONET POINT, FL 34667 US

New Mailing Address:

7236 SR 52
SUITE 12
BAYONET POINT, FL 34667 US

FEI Number: 59-2617093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WATSON, RAYMOND
12813 CANDLEWOOD WAY
BAYONET POINT, FL 34667 US

Name and Address of New Registered Agent:

WATSON, RAYMOND
14109 AGUA CLARA DR
HUDSON, FL 34667 US

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:

05/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: ROBERT, MARVIN A
Address: 4216 S MANHATTAN 214
City-St-Zip: TAMPA, FL 33611 US

Title: VPD () Delete
Name: RYAN, THOMAS D
Address: 620 PINELAND AVE
City-St-Zip: BELLEAIR, FL 34616

Title: TD () Delete
Name: FARMER, PATRICK
Address: 1429 ORANGE ST
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: PLUMMER, ANDREW
Address: 18217 FOX TRACE CT
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: WATSON, RAYMOND
Address: 12813 CANDLEWOOD WAY
City-St-Zip: BAYONET POINT, FL 34667

Title: D () Delete
Name: MCCOY, EDWARD A
Address: 8416 ELGIN DR.
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARVIN A ROBERT

ED

05/30/2006

Electronic Signature of Signing Officer or Director

Date