2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12959

Current Principal Place of Business:

SIGNATURE: MARVIN ROPERT

Electronic Signature of Signing Officer or Director

FILED Apr 03, 2009 Secretary of State

New Principal Place of Business:

ED

04/03/2009

Date

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

7236 SR 52 SUITE 11 BAYONET	POINT, FL 34667 US	7021 BOUGENVILLE D PORT RICHEY, FL 346		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
7236 SR 52 SUITE 11 BAYONET	? POINT, FL 34667 US	7021 BOUGENVILLE D PORT RICHEY, FL 346		
FEI Number:	59-2617093 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	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:				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	ED () Delete ROPERT, MARVIN A 4216 S MANHATTAN 214 TAMPA, FL 33611 US	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CORNETTA, WOODY 9261 PENELOPE DR WEEKI WACHEE, FL 34613	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete FARMER, PATRICK 1429 ORANGE ST CLEARWATER, FL 33756	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete KUBICK, RICHARD 462 SANDY HOOK RD TREASURE ISLAND, FL 33706	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () Delete WATSON, RAYMOND 14109 AGUA CLARA DR HUDSON, FL 34667	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete MANTHOS, JACKIE A 17008 SANDY PINE DR LUTZ, FL 33458	Title: (Name: Address: City-St-Zip:) Change ()Addition	
I hereby certify that the information supplied with this filing does not qualify 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appear above, or on an attachment with an address, with all other like empowered.				