

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91166 002 \*\*\*\*70.00

**DOCUMENT # N12959**

1. Entity Name

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



Principal Place of Business

~~4216 S MANHATTAN~~  
~~214~~  
~~TAMPA FL 33611~~  
~~US~~

Mailing Address

~~PO BOX 13338~~  
~~TAMPA FL 33681~~  
~~US~~

2. Principal Place of Business

**19111 Vista Bay Dr.**  
Suite, Apt. #, etc.  
**# 415**

3. Mailing Address

**19111 Vista Bay Dr**  
Suite, Apt. #, etc.  
**# 415**

City & State

**Indian Shores, FL**

City & State

**Indian Shores, FL**

Zip

**33785**

Country

**USA**

Zip

**33785**

Country

**USA**

4. FEI Number **59-2617093**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. **John E. Allen, President**

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**

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 **PD-Exec Dir** ☐ Delete  
NAME **ROBERT, MARVIN A**  
STREET ADDRESS **4216 S MANHATTAN 214**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D-VP** ☐ Delete  
NAME **SAMPSON, SOPHIE**  
STREET ADDRESS **9373 87TH TERRACE NORTH**  
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **D** ☐ Delete  
NAME **HAINS, WALTER**  
STREET ADDRESS **1613 PINE PLACE**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ Delete  
NAME **CASEY, TIM**  
STREET ADDRESS **14818 FARNHAM WAY**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **PD** ☐ Delete  
NAME **ALLEN, JOHN**  
STREET ADDRESS **19111 VISTA BAY DR #415**  
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE **D** ☐ Delete  
NAME **HOLT-DENNIS**  
STREET ADDRESS **23647 WOODGLEN AVE**  
CITY-ST-ZIP **LANDO O'LAKES FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **To Exec Dir**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **To VPD**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Edward A. McCoy**  
STREET ADDRESS **8416 ELGIN DR.**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

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 REQUIRED**

**4/18/03**

**727-595-3876**

CR2E037 (10/02)