


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 002 ****61.25

DOCUMENT # N13580	
1. Entity Name SOCIETY OF ST. VINCENT DE PAUL OZANAM DISTRICT COUNCIL-PASCO INC.	

Principal Place of Business 7944 GRAND BLVD. ENTIRE BLDG PORT RICHEY FL 34668 US	Mailing Address 8014 SR 52 HUDSON FL 34667 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2905349	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCOY, EDWARD A 7944 GRAND BLVD PORT RICHEY FL 34668	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCOY, EDWARD		NAME	
STREET ADDRESS 8416 ELGIN DR.		STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL 34668		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTGOMERY, GEORGE A		NAME	
STREET ADDRESS 9058 ARUNDLE PLACE		STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL 34655		CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WOLFE, MARY JANE		NAME Doyle, Patricia	
STREET ADDRESS 14116 ROLLER LANE		STREET ADDRESS 8636 #2 Shadowblow Ct.	
CITY-ST-ZIP HUDSON FL 34667		CITY-ST-ZIP Port Richey, FL 34668	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORGAN, KATHLEEN		NAME Dodd, Evelyn	
STREET ADDRESS 16825 CAMILLE ST		STREET ADDRESS 8521 Winding Wood Dr.	
CITY-ST-ZIP HUDSON FL 34667		CITY-ST-ZIP Port Richey, FL 34668	
TITLE VPD	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YGLESIAS, JOSEPH		NAME Morgan, Kathleen	
STREET ADDRESS 23768 OAKSIDE AVE.		STREET ADDRESS 16825 Camille St.	
CITY-ST-ZIP LUTZ FL 33559		CITY-ST-ZIP Hudson, FL 34667	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Patricia M Doyle / Evelyn M Dodd, Secretary 2/13/06