

## 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

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

1st MOORE

CR2E037 (10/06)

## 2. Principal Place of Business - No P.O. Box #

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-2905349

Applied For

Not Applicable

## 5. Certificate of Status Desired



**\$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

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

*Patricia J. Doyle*

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PD	MCCOY, EDWARD	8416 ELGIN DR.	PORT RICHEY FL 34668				
D	MONTGOMERY, GEORGE A	9058 ARUNDLE PLACE	NEW PORT RICHEY FL 34655				
TD	DOYLE, PATRICIA	8636 #2 SHADOWBLOW CT	PORT RICHEY FL 34668				
SD	DODD, EVELYN	8521 WINDING WOOD DR	PORT RICHEY FL 34668				
VPD	MORGAN, KATHLEEN	16825 CAMILLE ST	HUDSON FL 34667				

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 J. Doyle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-07