2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 05, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N17900 1. Entity Name 04-05-2006 90157 015 ****70.00 SOCIETY.OF ST. VINCENT DE PAUL, COUNCIL OF UPPER PINELLAS COUNTY, INC. Principal Place of Business Mailing Address 1015 CLEVELAND ST CLEARWATER FL 33755 1015 CLEVELAND ST CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3050191 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYAN, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 620 PÍNELAND AVENUE CLEARWATER FL 33756 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 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 \$5.00 May Be Make Check Payable to Due By May 1, 2006" Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PREC DIRECTOR PD TITLE ☐ Defete TITLE Change ■ Addition RYAN, THOMAS D NAME 620 PINELAND AVENUE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 City - St - 71P CITY-ST-ZIP VD TITLE Delete TITLE Change ■ Addition HAINS, WALTER J CHARLES RIES NAME NAME 1310 GULF BLUD #18 2321 EQUADORIAN WAY #7 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLEARWATER FL 33763 CITY-ST-ZIP CLEARWATER, FL 33767 CL P ☐ Delete TITLE Change Addition FARMER, PATRICK NAME NAME STREET ADDRESS 1429 ORANGE STREET STREET ADDRESS CITY - ST- 7IP CLEARWATER FL 33756 CITY-ST-7IP TD HHE Delete TITLE **Addition** ☐ Change DENIS KLEINRICHERT KIRKPATRICK, ROBERT NAME NAME 210 ERIC CT STREET ADDRESS 632 EDGEWATER DRIVE #234 STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP OLUSMAR, FL 34677 ☐ Delete TITLE TITLE ☐ Change ☐ Addition HAZUKA, JOHN NAME 603 DEL SOL CT STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MICHAUD, ERNEST

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

1470 SAN CHARLES DR

DUNEDIN FL 34698

NAME

STREET ADDRESS

CITY-ST-ZIE