2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17900

FILED Jul 07, 2008 Secretary of State

Entity Name: SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF UPPER PINELLAS COUNTY, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	VELAND ST ATER, FL 33755 US	
Current M	lailing Address:	New Mailing Address:
	VELAND ST ATER, FL 33755 US	
In accordan	: 59-3050191 FEI Number Applied For (nce with s. 607.193(2)(b), F.S., the corporation of d Address of Current Registered Agen	did not receive the prior notice.
1429 ORÁ	PATRICK J NGE ST ATER, FL 33756 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or bot
SIGNATU	RE:	
	Electronic Signature of Registered	d Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Fitle: Name: Address: City-St-Zip:	D () Delete GEORGE, ROBERT 5145 EAST BAY DR CLEARWATER, FL 33764 US	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete RIES, CHARLES 1310 GULF BLVD, #18 CLEARWATER BEACH, FL 33767	Title: () Change () Addition Name: Address: City-St-Zip:
	PD () Delete	Title: () Change () Addition
√ame: Address:	FARMER, PATRICK 1429 ORANGE STREET CLEARWATER, FL 33756	Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	1429 ORANGE STREET CLEARWATER, FL 33756 TD () Delete COONEY, NOEL 1350 BLUFFS CR	Address:
Name: Address: Dity-St-Zip: Fitle: Name: Address:	1429 ORANGE STREET CLEARWATER, FL 33756 TD () Delete COONEY, NOEL 1350 BLUFFS CR	Address: City-St-Zip: Title: () Change () Addition Name: Address:

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK J. FARMER PRES 07/07/2008