2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N17900

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

Current Principal Place of Business:

1015 CLEVELAND ST
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1015 CLEVELAND ST
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-3050191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FARMER, PATRICK J
1429 ORANGE ST
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	GEORGE, ROBERT	
Address:	5145 EAST BAY DR	
City-St-Zip:	CLEARWATER, FL 33764 US	
Title:	D	( ) Delete
Name:	RIES, CHARLES	
Address:	1310 GULF BLVD, #18	
City-St-Zip:	CLEARWATER BEACH, FL 33767	
Title:	PD	( ) Delete
Name:	FARMER, PATRICK	
Address:	1429 ORANGE STREET	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	TD	( ) Delete
Name:	COONEY, NOEL	
Address:	1350 BLUFFS CR	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	D	( ) Delete
Name:	SANDBACH, DONALD	
Address:	136 VINEWOOD DR	
City-St-Zip:	SAFETY HARBOR, FL 34695	
Title:	D	( ) Delete
Name:	GIRARDI, STEVE	
Address:	1925 SPANISH OAKS DR	
City-St-Zip:	PALM HARBOR, FL 34683	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	SORRELL, ROBERT	
Address:	3460 COUNTRYSIDE BLVD #1	
City-St-Zip:	CLEARWATER, FL 33761 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SCHMITZ, WILLIAM	
Address:	2340 HARN BLVD	
City-St-Zip:	CLEARWATER, FL 33764	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 FARMER PD 04/02/2009

Electronic Signature of Signing Officer or Director — Date