CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:48

DOCUMENT # N23289 (4)

1. Corporation Name

ST. VINCENT DE PAUL SOCIETY OF ST. THOMAS MORE C HURCH, THE CO-CATHEDRAL OF THE DIOCESE OF PENSAC

Principal Place of Business	Mailing Address
4409 W PENSACOLA ST TALLAHASSEE FL 32310	4409 W PENSACOLA ST TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-2600031 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ASHLEY, ELAINE
~~701 LIVING LANE~~
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

01 Name: Albert A Relation
c/o Dorothy Duprey
02 Street Address (P.O. Box Numbers Not Acceptable): 4409 West Pensacola St.
03 City: Tallahassee
04 FL 05 Zip Code: 32310

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Albert A Relation — Dorothy Duprey — DATE
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	LIEPSHUTZ, PAUL	1.2 NAME	Albert A Relation
STREET ADDRESS	3024 WINDY HILL LANE	1.3 STREET ADDRESS	5636 Sullivan Rd.
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, Fl. 32310
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DUPREY, DOROTHY	2.2 NAME	
STREET ADDRESS	1405 WEST HEAVEN DR	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD Mary Kuechel ☑ Change ☐ Addition
NAME	MONTGOMERY, DORTHY	3.2 NAME	
STREET ADDRESS	732 ARKANSAS ST	3.3 STREET ADDRESS	812 Piedmont Dr.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, Fl. 32312
TITLE	TD	4.1 TITLE	TD Louise N Relation ☑ Change ☐ Addition
NAME	RELATION, ALBERT	4.2 NAME	
STREET ADDRESS	5636 SULLIVAN ROAD	4.3 STREET ADDRESS	5636 Sullivan Rd.
CITY-ST-ZIP	TALLAHASSEE FL 32304	4.4 CITY-ST-ZIP	Tallahassee, Fl. 32310
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	REMITTED BY MAY 1
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert A Relation — Albert A Relation — 1-14-95 — 904-576-6099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027843