

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**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**



3. Date Incorporated or Qualified  
**11/02/1987**

3a. Date of Last Report  
**07/17/1995**

2. Principal Place of Business  
21 **4409 W PENSACOLA ST**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **4409 W PENSACOLA ST -**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2600031**  
Applied For  
Not Applicable

22 City & State  
**Tallahassee FL -**

27 City & State  
**Tallahassee FL -**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

23 Zip Country  
**32310 Leon**

28 Zip Country  
**32310 Leon**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

24 **32310** 25 **Leon** 29 **32310** 30 **Leon**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RELATION, A  
DUPREY, DOROTHY  
4409 WEST PENSACOLA ST  
TALLAHASSEE FL 32310**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **Same -**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Albert A. Relation - P**

**1-22-96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>RELATION, ALBERT A</b>
STREET ADDRESS	<b>5636 SULLIVAN RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b> <b>P</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>DUPREY, DOROTHY</b>
STREET ADDRESS	<b>1405 WEST HEAVEN DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b> <b>V</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>KUECHEL, MARY</b>
STREET ADDRESS	<b>812 PIEDMONT DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b> <b>S</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>RELATION, LOUISE N</b>
STREET ADDRESS	<b>5636 SULLIVAN RD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b> <b>T</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>Same</b>
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>Same</b>
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>Same</b>
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>Same</b>
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 T**

**1-22-96**

**904  
576-6099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)