


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 4409 W PENSACOLA ST TALLAHASSEE FL 32310	Mailing Address 4409 W PENSACOLA ST TALLAHASSEE FL 32310
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2. Principal Place of Business 21 4409 West Pensacola Suite, Apt. #, etc. 22 TALLAHASSEE FL City & State 23 Zip 24 32310	2a. Mailing Address 26 4409 West Pensacola Suite, Apt. #, etc. 27 City & State 28 Tallahassee FL Zip 29 32310
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3. Date Incorporated or Qualified 11/02/1987	4. FEI Number 59-2600031	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name E. Elaine Ashley	82 Street Address (P.O. Box Number is Not Acceptable) 1438 Mitchell Ave
83	84 City Tallahassee
85 Zip Code FL 32310	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/19/98

12. OFFICERS AND DIRECTORS

TITLE PD	NAME RELATION, ALBERT A	STREET ADDRESS 5636 SULLIVAN RD	CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE
TITLE VD	NAME DUPREY, DOROTHY	STREET ADDRESS 1405 WEST HEAVEN DR	CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE
TITLE SD	NAME KUECHEL, MARY	STREET ADDRESS 812 PIEDMONT DR	CITY-ST-ZIP TALLAHASSEE FL	<input checked="" type="checkbox"/> DELETE
TITLE TD	NAME RELATION, LOUISE N	STREET ADDRESS 5636 SULLIVAN RD	CITY-ST-ZIP TALLAHASSEE FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

Dorothy Duprey 5-18-98 950-576-6099

CR2E037 (10/97)