

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90051 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N23289

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 WEST PENSACOLA
 TALLAHASSEE FL 32310
 US

Mailing Address
 4409 W PENSACOLA ST
 TALLAHASSEE FL 32310



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip, Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip, Country 29	3. Date Incorporated or Qualified 11/02/1987 4. FEI Number 59-2600031 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
--	---	---

9. Name and Address of Current Registered Agent

ASHLEY, ELAINE
 1438 MITCHELL AVE
 TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
 Albert A Relation.
 82 Street Address (P.O. Box Number is Not Acceptable)
 5636 Sullivan Rd.
 83
 84 City
 Tallahassee FL 85 Zip Code
 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 Albert A Relation - Vice Pres. Albert A Relation
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires 1 when resigning)

3-29-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB Vice-President <input type="checkbox"/> DELETE RELATION, ALBERT A 5636 SULLIVAN RD TALLAHASSEE FL D	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	William Ryan - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2016 Travis Circle Tallahassee, FL D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUPREY, DOROTHY 1405 WEST HEAVEN DR TALLAHASSEE FL Deceased 3-13-99	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUECHEL, MARY 812 PIEDMONT DR TALLAHASSEE FL D	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RELATION, LOUISE N 5636 SULLIVAN RD TALLAHASSEE FL D	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Albert A Relation **REQUIRED**
 Signature and typed or printed name of signing officer or director

3-29-99
Date850-576-6099
Daytime Phone #

CR2E037 (11/98)