
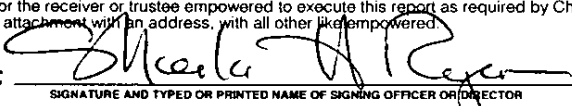


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90437 022 ****70.00

DOCUMENT # N23289 1. Entity Name ST. VINCENT DE PAUL SOCIETY OF ST. THOMAS MORE CHURCH, THE CO-CATHEDRAL OF THE DIOCESE OF PENSAC					
Principal Place of Business 4409 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 US			Mailing Address 4409 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04262007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2600031	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPPA, LUIS 461 HIGHPOINT TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPPA, LUIS		NAME		
STREET ADDRESS	461 HIGHPOINT LN		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323201		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUECHEL, MARY		NAME		
STREET ADDRESS	812 PIEDMONT DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERM, MARI		NAME	Vice President	
STREET ADDRESS	1333 COLONIAL DRIVE		STREET ADDRESS	Wayne EVANS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	5059 CENTENNIAL OAKS CIRCLE	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Tallahassee, FL 32308	
NAME	RYAN, WILLIAM		NAME	President	
STREET ADDRESS	2016 TRAVIS CIRCLE		STREET ADDRESS	Sheila Ryan	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	2016 TRAVIS CIRCLE	
TITLE		<input type="checkbox"/> Delete	TITLE	Tallahassee, FL 32303	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/26/07 850-385-1251		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					