

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90105 044 \*\*\*\*61.25

<b>DOCUMENT # N23289</b>					
<b>1. Entity Name</b> ST. VINCENT DE PAUL SOCIETY OF ST. THOMAS MORE CHURCH, THE CO-CATHEDRAL OF THE DIOCESE OF PENSAC					
<b>Principal Place of Business</b> 4409 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 US			<b>Mailing Address</b> 4409 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 US		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		04172008 Chg-NP CR2E037 (12/06)	
<b>City &amp; State</b>  City State		<b>City &amp; State</b>  City State		<b>4. FEI Number</b> 59-2600031	
<b>Zip</b>  Zip Country		<b>Zip</b>  Zip Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CAPP, LUIS 461 HIGHPOINT TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name <u>WALL, ALAN</u> Street Address (P.O. Box Number is Not Acceptable) <del>4409 BLOUNTSTOWN HWY</del> 1957 SETTING SUNTAIL City <u>TALLAHASSEE</u> FL Zip Code <u>32303</u>		
<b>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.</b> SIGNATURE: <u>Alan Wall</u> (ALAN WALL) DATE: <u>4-18-08</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPP, LUIS 461 HIGHPOINT LN TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALL, ALAN <del>4409 BLOUNTSTOWN HWY</del> 1957 SETTING SUNTAIL TALLAHASSEE FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUECHEL, MARY 812 PIEDMONT DR TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUECHEL, MARY 812 PIEDMONT DRIVE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANS, WAYNE 5059 CENTANNIAL OAKS CIRCLE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CENTENNIAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, SHEILA 2016 TRAVIS CIRCLE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, DREAMA <del>DREAMA MORGAN</del> 465 TEAL LN. TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORIS D'HAESSELER, DORIS 2113 DEERFIELD RD. TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORIS D'HAESSELER, DORIS 2113 DEERFIELD RD. TALLAHASSEE FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORIS D'HAESSELER, DORIS 2113 DEERFIELD RD. TALLAHASSEE FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORIS D'HAESSELER, DORIS 2113 DEERFIELD RD. TALLAHASSEE FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Mary G. Keuchel</u> (MARY G. KUECHEL) APRIL 17, 2008 850-385-6227 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					