

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 16 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28072** (9)

1. Corporation Name
**DISTRICT COUNCIL OF ORLANDO SOCIETY OF ST. VINCE
NT DE PAUL, INC.**

Principal Place of Business Mailing Address
**C/O DANIEL FEINBAUM
1361 W. PORTILLO DR.
DELTONA FL 32725
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/26/1988** 3a. Date of Last Report **07/01/1994**

4. FEI Number **59-2948683** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

g. Name and Address of Current Registered Agent
**FEINBAUM, DANIEL
1361 W. PORTILLO DR.
DELTONA FL 32725**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when applicable) DATE **2-24-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FEINBAUM, DANIEL
STREET ADDRESS	1361 W. PORTILLO DR.
CITY - ST - ZIP	DELTONA FL
TITLE	VP D
NAME	BUNING, BILL
STREET ADDRESS	1228 LAKE WILLISBRA CIR.
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	MARILYN L. SOUZA
STREET ADDRESS	2500 ROSE BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	TR
NAME	MARTINI, CHARLES
STREET ADDRESS	244 ALAMONTE BAY CLUB CIR.
CITY - ST - ZIP	ALAMONTE SPRINGS FL
TITLE	VP - TREASURER - D
NAME	LEAR, DONALD
STREET ADDRESS	1024 PARK DR.
CITY - ST - ZIP	INDIAN HARBOR BCH. FL
TITLE	
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	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
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 applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **DANIEL FEINBAUM** (407) 574-8957
[Signature] DATE **4-24-95**