

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28072 (9)**

1. Corporation Name

**DISTRICT COUNCIL OF ORLANDO SOCIETY OF ST. VINCENT DE PAUL, INC.**



Principal Place of Business

Mailing Address

C/O DANIEL FEINBAUM: DONALD LEAR  
1361 W. PORTILLO DR.  
DELTONA FL 32725  
US

C/O DANIEL FEINBAUM  
1361 W PORTILLO DR.  
DELTONA FL 32725  
US

3. Date Incorporated or Qualified  
**08/26/1988**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **104 PARK DRIVE**

26 **104 PARK DRIVE**

22 Suite, Apt. #, etc. **#4**

27 Suite, Apt. #, etc. **#4**

23 City & State **INDIAN HARBOR BEACH FL**

28 City & State **INDIAN HARBOR BEACH FL**

24 Zip **32937**

25 Country **BREVARD**

29 Zip **32937**

30 Country **BREVARD**

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEINBAUM, DANIEL  
1361 W. PORTILLO DR.  
DELTONA FL 32725**

81 Name **DONALD LEAR**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**104 PARK DRIVE #4**  
83 **INDIAN HARBOR BEACH FL**  
84 City **FL** 85 Zip Code **32937**

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 **Donald Lear**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FEINBAUM, DANIEL	
STREET ADDRESS	1361 W. PORTILLO DR.	
CITY-ST-ZIP	DELTONA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BUNING, BILL	
STREET ADDRESS	1228 LAKE WILLISBRA CIR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARILYN L. SOUZA	
STREET ADDRESS	2500 ROSE BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	<del>VPD</del> PTD	<input type="checkbox"/> DELETE
NAME	LEAR, DONALD	
STREET ADDRESS	1024 PARK DR.	
CITY-ST-ZIP	INDIAN HARBOR BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Donald Lear**

**Donald Lear**

**4-30-96**

**(407) 779 8707**

CR2E037 (12/95)