


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90201 025 ****61.25

DOCUMENT # N28072

1. Entity Name
 DISTRICT COUNCIL OF ORLANDO SOCIETY OF ST. VINCENT DE PAUL, INC.



Principal Place of Business C/O DONALD LEAR 1024 PARK DR., #4 INDIAN HARBOR BEACH, FL 32937 US	Mailing Address C/O DONALD LEAR 1024 PARK DR., #4 INDIAN HARBOR BEACH, FL 32937 US
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2948683	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAUGHTON, TOM
 1304 FONTANA CT
 LADY LAKE, FL 32159

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE P	MCNAUGHTON, TOM 1304 FONTANA COURT LADY LAKE, FL 32159 <i>THE VILLAGES, FL 32159</i>
TITLE SD	DUDEC, MILLIE 1364 RAIGE PLACE <i>1503 ALFONSOLANE</i> LADY LAKE, FL 32159 <i>THE VILLAGES, FL 32159</i>
TITLE PTD	LEAR, DONALD 1024 PARK DR, #4 INDIAN HARBOR BCH., FL
TITLE VPD	STUMBRAS, BRUCE 5315 ABELIA DRIVE ORLANDO, FL 32819
TITLE NAME	
TITLE NAME	

DO NOT WRITE IN THIS SPACE

12. 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 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: Donald Lear Donald Lear 4-28-04 (31)7798707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No. Phone #