

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/2005-90096-011-\$61.25-\$61.25

DOCUMENT # N28072

Entity Name  
**Diocean District COUNCIL OF ORLANDO SOCIETY OF ST. VINCENT DE PAUL, INC.**



Principal Place of Business Mailing Address  
C/O DONALD LEAR 1024 PARK DR., #4 INDIAN HARBOR BEACH FL 32937 US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. City & State Zip Country

6. Name and Address of Current Registered Agent  
**MCNAUGHTON, TOM  
1304 FONTANA CT  
LADY LAKE FL 32159**

7. Name and Address of New Registered Agent  
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCNAUGHTON, TOM 1304 FONTANA COURT THE VILLAGES FL 32159 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUDEC, MILLIE 1503 ALFONSO LANE THE VILLAGES FL 32159 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEAR, DONALD 1024 PARK DR., #4 INDIAN HARBOR BCH. FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STUMBRAS, BRUCE 5315 ABELIA DRIVE ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*PAID #1366 4-30-05*

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 4-30-05 (321) 779-8707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Contact Phone #

FILED  
05 OCT 18 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. FET Number 59-2948683 Applied For Not Applicable

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



Sheraton  
West Port Hotel

SAINT LOUIS  
MISSOURI

OCTOBER 12, 05

STATE OF FLORIDA  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA 32314

GENTLEMAN—

THE ANNUAL REPORT YOU ARE

REQUESTING WAS FILED IN APRIL 2005.

A COPY OF THIS RETURN IS ENCLOSED

ALONG WITH A LETTER ATTESTING THAT

THE ARTICLES OF AMENDMENT WERE FILED.

DIOCEAN COUNCIL OF  
ORLANDO

SOCIETY OF SAINT VINCENT DE  
PAUL  
900 West Port Plaza, St. Louis, MO 63146  
PHONE (314) 434-5010 FAX (314) 434-0140

DONALD LEAR

TREASURER  
LAKESIDE CHALET

191 West Port Plaza, St. Louis, MO 63146  
PHONE (314) 878-1500 FAX (314) 878-2837