
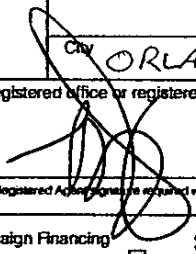
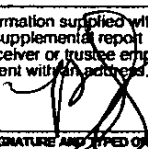


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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90221 009 ****61.25

DOCUMENT # N28072				
1. Entity Name DIOCEAN 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		
2. Principal Place of Business BRUCE STUMBRAS Suite, Apt. #, etc. 5315 ABELIA DR City & State ORLANDO, FL. Zip 32819		3. Mailing Address Tom McNAUGHTON Suite, Apt. #, etc. 1304 FONTANA CT. City & State THE VILLAGES FL Zip 32159		
		04232006 Chg-NP		CR2E037 (11/05)
		4. FEI Number 59-2948683		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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 BRUCE STUMBRAS Street Address (P.O. Box Number is Not Acceptable) 5315 ABELIA DR. City ORLANDO FL Zip Code 32819	
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 <u>BRUCE STUMBRAS</u>  DATE <u>4-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAUGHTON, TOM		NAME	STUMBRAS BRUCE
STREET ADDRESS	1304 FONTANA COURT		STREET ADDRESS	5315 ABELIA DRIVE
CITY-ST-ZIP	THE VILLAGES, FL 32159		CITY-ST-ZIP	ORLANDO, FL. 32159
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUDEC, MILLIE		NAME	FAY BILL
STREET ADDRESS	1503 ALFONSO LANE		STREET ADDRESS	2538 STONE VIEW RD.
CITY-ST-ZIP	THE VILLAGES, FL 32159		CITY-ST-ZIP	ORLANDO, FL. 32806
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAR, DONALD		NAME	MCNAUGHTON TOM
STREET ADDRESS	1024 PARK DR, #4		STREET ADDRESS	1304 FONTANA CT.
CITY-ST-ZIP	INDIAN HARBOR BCH., FL		CITY-ST-ZIP	THE VILLAGES FL. 32159
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUMBRAS, BRUCE		NAME	LACALAMITA TONY
STREET ADDRESS	5315 ABELIA DRIVE		STREET ADDRESS	8049 WESTAUSTIN AVE
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	WINDERMERE FL 34786
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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.				
SIGNATURE:  BRUCE STUMBRAS		4-27-06		407-20-1361
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>