

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N28072**  
 1. Entity Name  
 DIOCESAN COUNCIL OF ORLANDO, SOCIETY OF ST. VINCENT DE PAUL, INC.



Principal Place of Business  
**BRUCE STUMBRAS**  
**5315 ABELIA DR**  
**ORLANDO, FL 32819 US**

Mailing Address  
**P.O. BOX 1926**  
**ORLANDO, FL 32801 US**



04102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2948683</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**STUMBRAS, BRUCE**  
**5315 ABELIA DR**  
**ORLANDO, FL 32819**

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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 \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUMBRAS, BRUCE 5315 ABELIA DRIVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP FAY, WILLIAM H 2538 STONEVIEW ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCNAUGHTON, TOM 1304 FONTANA CT THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMBROSE, GEORGE F 3181 LAGO VISTA DRIVE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000703229  
 04/20/07-80133-007 61.25

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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** **4-10-07** **407-222-0842**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #