

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2009  
Secretary of State**

DOCUMENT# N28072

Entity Name: DIOCESAN COUNCIL OF ORLANDO, SOCIETY OF ST. VINCENT DE PAUL, INC.

**Current Principal Place of Business:**

BRUCE STUMBRAS  
770 SOUTH OBT  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

BRUCE STUMBRAS  
770 SOUTH OBT  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 59-2948683      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STUMBRAS, BRUCE  
5315 ABELIA DR  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STUMBRAS, BRUCE  
Address: 5315 ABELIA DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: 1VP ( ) Delete  
Name: FAY, WILLIAM H  
Address: 2538 STONEVIEW ROAD  
City-St-Zip: ORLANDO, FL 32806

Title: TD ( ) Delete  
Name: MCNAUGHTON, TOM  
Address: 1304 FONTANA CT  
City-St-Zip: THE VILLAGES, FL 32159

Title: S ( ) Delete  
Name: AMBROSE, GEORGE F  
Address: 3181 LAGO VISTA DRIVE  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE STUMBRAS

PRES

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date