

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0016318

DOCUMENT # N28072
NOCEAN
**DISTRICT COUNCIL OF ORLANDO SOCIETY OF ST. VINCE
 NT DE PAUL, INC.**



FILED

03 MAY 23 PM 2: 27

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

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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CHECK HERE IF MAKING CHANGES

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

4. FEI Number **59-2948683** Applied For
 Not Applicable

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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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: P NAME: LEAR, DONALD STREET ADDRESS: 1024 PARK DR., #4 CITY-ST-ZIP: INDIAN HARBOR BEACH FL 32937	<input type="checkbox"/> Delete TOM MCNAUGHTON 304 FONTANA COURT LADY LAKE, FL 32159
TITLE: SD NAME: MARILYN L. SOUZAIN STREET ADDRESS: 2500 ROSE BLVD. 1351 PAIGE PLACE CITY-ST-ZIP: ORLANDO FL 32159	<input type="checkbox"/> Delete LADY LAKE, FL 32159
TITLE: PTD NAME: LEAR, DONALD STREET ADDRESS: 1024 PARK DR., #4 CITY-ST-ZIP: INDIAN HARBOR BCH. FL	<input type="checkbox"/> Delete
TITLE: VPD NAME: MCNAUGHTON, TOM STREET ADDRESS: 1304 FONTANA COURT CITY-ST-ZIP: LADY LAKE FL 32159	<input type="checkbox"/> Delete BRUCE STUMBRAS 315 ABELIA DRIVE ORLANDO, FLORIDA 32811
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 700020289117 05/30/03--01056--017 **61.25
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

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: *[Signature]* **REQUIRE DONALD LEAR** 4-15-03 (32) 979 8707

CR2E037 (10/02)