

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-15-2006 90039 049 *****8.75
03-10-2006 90010 034 *****52.50

DOCUMENT # N48955

1. Entity Name

ST. SEBASTIAN CONFERENCE OF ST. VINCENT DE
PAUL SOCIETY, INC.



Principal Place of Business

5480 85TH STREET
VERO BEACH FL 32967
US

Mailing Address

5480 85TH STREET
VERO BEACH FL 32967
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0335331

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONINI, ANTHONY M CPA
1331 NORTH CENTRAL AVE
SEBASTIAN FL 32958

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

TREASURER

01/24/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	DT	☒ Delete
NAME	COX, THOMAS	
STREET ADDRESS	223 BILL ALLEN CIR W	
CITY- ST- ZIP	SEBASTIAN FL 32958	
TITLE	DP	☐ Delete
NAME	VAN MELE, RICHARD	
STREET ADDRESS	5480 85TH ST	
CITY- ST- ZIP	VERO BEACH FL 32967	
TITLE	DV	☐ Delete
NAME	BURKE, PHYLLIS	
STREET ADDRESS	5480 85TH ST	
CITY- ST- ZIP	VERO BEACH FL 32967	
TITLE	DT	☐ Delete
NAME	QUELLETTE, PAUL A	
STREET ADDRESS	979 GARDENIA ST	
CITY- ST- ZIP	SEBASTIAN FL 32958	
TITLE	DP	☒ Delete
NAME	HAEFNER, ROBERT E	
STREET ADDRESS	114 LANDOVER DRIVE	
CITY- ST- ZIP	SEBASTIAN FL 32958	
TITLE	DS	☐ Delete
NAME	SCHMITZ, JIM	
STREET ADDRESS	5480 85TH STREET	
CITY- ST- ZIP	VERO BEACH FL 32967	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	ROBERT CHRISTOPHER M.D.	
CITY- ST- ZIP	P18 ISLAND CLUB SQ VERO BEACH FL 32963	
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	INA GENISO	
CITY- ST- ZIP	206 PERIWINKLE DR. SEBASTIAN FL 32958	
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	CHAR KINLEY	
CITY- ST- ZIP	674 TULIP DR. SEBASTIAN FL 32958	
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	BARBARA A. SMITH	
CITY- ST- ZIP	342 WATERCREST ST SEBASTIAN FL 32958	
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	PAT DEVLIN	
CITY- ST- ZIP	1156 INDIAN RIVER DR. SEBASTIAN FL 32958	
TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	JACK ALLORD	
CITY- ST- ZIP	6230 109TH ST SEBASTIAN FL 32958	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/06

DATE

THIRSTORE 89 3338
HOME 388.2770

Daytime Phone #