

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48955

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** ST. SEBASTIAN CONFERENCE OF ST. VINCENT DE PAUL SOCIETY, INC.

**Current Principal Place of Business:**

5480 85TH STREET  
VERO BEACH, FL 32967 US

**New Principal Place of Business:**

**Current Mailing Address:**

5480 85TH STREET  
VERO BEACH, FL 32967 US

**New Mailing Address:**

**FEI Number:** 65-0335331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONINI, ANTHONY M CPA  
1623 US HWY1 STE B4  
SEBASTIAN, FL 32958 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: DT  
Name: CHRISTOPHER, ROBERT MD  
Address: 818 ISLAND CLUB DR  
City-St-Zip: VERO BEACH, FL 32963

Title: DCA  
Name: RIVARD, JOAN  
Address: 5480 85TH ST.  
City-St-Zip: VERO BEACH, FL 32967

Title: DP  
Name: SMITH, BARBARA ED  
Address: 342 WATERCREST ST.  
City-St-Zip: SEBASTIAN, FL 32958

Title: DVP  
Name: JONES, ERMAN K  
Address: 5480 85TH ST.  
City-St-Zip: VERO BEACH, FL 32967

Title: DS  
Name: MILLER, JOAN  
Address: PO BOX 96  
City-St-Zip: GRANT, FL 32949

I hereby 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 all other like empowered.

SIGNATURE: ROBERT T. CHRISTOPHER, M.D.

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date