2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Jul 01, 2004 Secretary of State

Entity Name: SACRED HEART CONFERENCE, SOCIETY OF ST. VINCENT DE PAUL, INC.

Current Principal Place of Business: New Principal Place of Business: 701 S.W. 6TH ST. 901 S.W. 6TH ST. OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 **Current Mailing Address: New Mailing Address:** 701 S.W. 6TH ST. 901 S.W. 6TH ST. OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 FEI Number: 59-1841673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CABANSAY, EDILBERTO Z 2361 SE 27TH STREET OKEECHOBEE, FL 34974 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete HARWAS, OLIVER Name: Name: 2245 SW 3RD. CT. Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CABANSAY, EDILBERTO Name: Address: 2361 SE 27 ST. Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: Title: DS () Delete Title: () Change () Addition BLAIR, CATHLEEN Name: Name: 2365 S.W. 22ND CIRCLE Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: Title: VT () Delete Title: () Change () Addition Name: CABANSAY, EDILBERTO Z Name: 2361 NSE 27TH STREET Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: Title: () Delete Title: (X) Change () Addition DUFFY, FR. HUGH DUFFY, FR. HUGH Name: Name: 701 S.W. 6TH ST. Address: Address: 901 S.W. 6TH ST. OKEECHOBEE, FL 34974 City-St-Zip: City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDILBERTO Z. CABANSAY VT 07/01/2004