

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90036 037 \*\*\*\*70.00

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**DOCUMENT # N93000001716**

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

Principal Place of Business: **701 S.W. 6TH ST. OKEECHOBEE FL 34974**  
Mailing Address: **701 S.W. 6TH ST. OKEECHOBEE FL 34974**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_



**00000114**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1841673** Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CABANSAY, EDILBERTO Z  
2361 SE 27TH STREET  
OKEECHOBEE FL 34974**

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: Edilberto Z. Cabansay - V/T **January 15, 2003**

Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>DP</b> NAME: <b>HARWAS, OLIVER</b> STREET ADDRESS: <b>2245 SW 3RD. CT.</b> CITY-ST-ZIP: <b>OKEECHOBEE FL 34974</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>DV</b> NAME: <b>CABANSAY, EDILBERTO</b> STREET ADDRESS: <b>2361 SE 27 ST.</b> CITY-ST-ZIP: <b>OKEECHOBEE FL 34974</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>DS</b> NAME: <b>BLAIR, CATHLEEN</b> STREET ADDRESS: <b>2365 S.W. 22ND CIRCLE</b> CITY-ST-ZIP: <b>OKEECHOBEE FL 34974</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VT</b> NAME: <b>CABANSAY, EDILBERTO Z</b> STREET ADDRESS: <b>2361 NSE 27TH STREET</b> CITY-ST-ZIP: <b>OKEECHOBEE FL 34974</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>DUFFY, FR. HUGH</b> STREET ADDRESS: <b>701 S.W. 6TH ST.</b> CITY-ST-ZIP: <b>OKEECHOBEE FL 34974</b>	<input type="checkbox"/> Delete	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"/> Delete	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: Edilberto Z. Cabansay **REQUIRED** **January 15, 2003** 863-763-3727

CR2E037 (10/02)