

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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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ 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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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**

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

(NOTE: Registered Agent signature required when reinstating)

January 15, 2003

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 **DP** ☐ Delete
NAME **HARWAS, OLIVER**
STREET ADDRESS **2245 SW 3RD. CT.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **CABANSAY, EDILBERTO**
STREET ADDRESS **2361 SE 27 ST.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **BLAIR, CATHLEEN**
STREET ADDRESS **2365 S.W. 22ND CIRCLE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **CABANSAY, EDILBERTO Z**
STREET ADDRESS **2361 NSE 27TH STREET**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DUFFY, FR. HUGH**
STREET ADDRESS **701 S.W. 6TH ST.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

January 15, 2003 863-763-3727

CR2E037 (10/02)