SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001700 p

ST. VINCENT CATHOLIC CHURCH HOLY NAME SOCIETY, I

Principal Place of Business

Mailing Address

6350 N.W. 18TH STREET MARGATE FL 33063 6350 N.W. 18TH STREET MARGATE FL 33063

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90026 033 ****61.25

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| 2. Principal Place of Business -2a. Mailing Address | | | | | | | | 3Date Incorporated or Qualifed | | | - | | |
| 4 | | | 26 | | | | - 1 | 04/06/1995 | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 4. FEI Number | | | Applied For | | | |
| ¬ '' | | | | | | | | 59-1056123 | | | Not Applicable | | |
| 2 Oits & State | | - 27 | City & State | | | | \$8.75 Additional | | | | | | |
| City & State | | | _ ` | | | | Į | Certifcate of Status Desired | | | ee Req | | |
| 3 | | 28 | | | | | | | | | | | |
| _ Zip ¬ | Country | \vdash | Zip | | untry | | | 6. Election Campaign Financing | | | 5.00 N | · . | |
| 4 | 9. Name and Address of Current | 29 | | 30 | _ | | | Trust Fund Contribution | | | dded to | Pees | |
| | 1 | | 10. Name and Address of New Registered Agent | | | | | | | | | | |
| | | | | | | 81 Name . | | | | | | | |
| DOUEDTY | / NEII A DEV/ | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| | Y, NEIL A REV. | | | 7 | DE STEEL VARIOUS (1 1.0) DOX HATHOUT IS NOT VOCABRIDED. | | | | | | | | |
| | 1. 18TH STREET | | | | 83 | | | | | | | | |
| MARGATE | FL 33063 | | | | | | | | | | | | |
| | | | | | 84 | City | | | FL. | 85 | Zip C | ode | |
| | | | 47.4500 EL. II. O | - 41 | 1 | | | tion submite this statement for the | | chang | ino ite n | enistered | |
| office or r | to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati | of Fioric | da. Suich chande was a | HIJDODZE | a hv | the corpo | ration' | s board of directors. I hereby acce | pt the appoir | itment | as reg | istered | |
| SIGNATURE | | | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title | if applicable. {NOTE | Registere | d Agen | it signature re | quired w | hen reinstating) | DATE | | | | |
| 12. | OFFICERS ANI | DIRE | CTORS | 13 | | | | ADDITIONS/CHANGES TO O | FICERS AN | | | | |
| MILE . | n | | ☐ DELETE | 1.11 | TLE | 1 | | | | CI | nange | ☐ Addition | |
| VAME | _ | | | 1.2 1 | IAME | ŧ | | | | | | į | |
| STREET ADDRESS | LYNCH, MICHAEL REV | | | 135 | 1.3 STREET ADDRESS | | | | | | | | |
| | 6280 N.W. 18TH STREET | | | - 1 | TY-S | | | | | | | | |
| XTY-ST-ZIP | MARGATE FL 33063 | | ☐ DELETE | | TILE | 1-21 | | | | □ CI | nange | Addition | |
| ITLE | D | | | | LAME | 1 | | | | | - | | |
| NAME | TIRADO, LUIS E | | | 1 | | - ~ | | | | | | | |
| STREET ADDRESS | 6969 N.W: 5TH PLACE | | | 2.3 9 | TREET | ADDRESS | | | | | | | |
| ZITY-ST-ZIP | MARGATE FL 33063 | _ | | | CITY-S | T-ZIP | | | | | | - Addition | |
| TILE | α | | ☐ DELETE | 3.17 | TTE. | | | | | □ cı | nange | Addition | |
| JAME | PAOLUCCI, RUDY | | | 3.21 | IAME | . [| | | | | | | |
| STREET ADDRESS | 2655 NW 65TH AVE | | | 3.3 9 | TREET | ADDRESS | | | | | | | |
| XTY-ST-ZIP | | | | 3.4. | CITY-S | T-ZIP | | | | | | | |
| TRE | MARGATE FL 33063 | | ☐ DELETE | _ | TILE | | | | | | nange | Addition | |
| AME I | | | | | NAME | | | | | | | | |
| | | | | - 1 | | - ADODESS | | | | | | | |
| TREET ADDRESS | | | | | | T ADDRESS | | | | | | | |
| TTY-ST-ZIP | | | | _ | CITY-S | T-ZIP | | | | ПС | 20000 | Addition | |
| πLE | | | ☐ DELETE | | TILE | | | | | Цν | iange | □ Addition | |
| LAME | | | | | IAME: | | | | | | | | |
| TREET ADDRESS | Sign of the growth | | | 5.3 | TREET | T ADDRESS | | | | | | | |
| aty-Št-Žip € Å | | | | 5.4 | CITY-S | T-ZIP | | | | | | | |
| MLEN NAME OF | TARK - MEA | _ | ☐ DELETE | 6.1 | TTLE | | | | | □ CI | nange | ☐ Addition | |
| IAME | | | | 6.21 | AME | | | | | | | | |
| | | | | 6.3 | STREET | ADDRESS | | | | | | | |
| TREET ADDRESS | | | | 6.4 CITY-ST-ZIP | | | | | | | | | |
| CITY-ST-ZIP | i | | | 0.41 | ، ، | | | | | | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

