

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002690

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: SOCIETY OF ST. VINCENTDE PAUL ARCHDIOCESAN COUNCIL OF MIAMI, INC.

**Current Principal Place of Business:**

18470 NW 27 AVE  
OPA LOCKA, FL 330563103 US

**New Principal Place of Business:**

18470 NW 27 AVE  
MIAMI GARDENS, FL 330563103 US

**Current Mailing Address:**

P O BOX 431232  
MIAMI, FL 33243 US

**New Mailing Address:**

FEI Number: 65-0681310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTELL, VICTOR  
13038 SW 21 PLACE  
MIAMI, FL 33176 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: PD ( ) Delete  
Name: MARTELL, VICTOR  
Address: 1303B SW 91 PLACE  
City-St-Zip: MIAMI, FL 33176

Title: VD ( ) Delete  
Name: PARADA, JOSE  
Address: 3153 SW 13 ST ROAD  
City-St-Zip: MIAMI, FL 33145

Title: TD ( ) Delete  
Name: GARGANTA, ANDRES  
Address: 9933 SW 21 ST  
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete  
Name: BARRIENTOS, MARIE  
Address: 1825 NE 174 ST  
City-St-Zip: NORTH MIAMI BCH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANDRES GARGANTA

TD

03/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date