

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003019 (4)**

1. Corporation Name

**FRIENDS OF ST. VINCENT DE PAUL FARM, INC.**



Principal Place of Business <b>35 TREASURY ST ST AUGUSTINE FL 32084</b>	Mailing Address <b>35 TREASURY ST ST AUGUSTINE FL 32084-3616</b>
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3. Date Incorporated or Qualified <b>06/04/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-3426484</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>BAKER, ROBERT REV 35 TREASURY ST ST AUGUSTINE FL 32084</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BAKER, ROBERT REV</b>
STREET ADDRESS	<b>35 TREASURY ST</b>
CITY - ST - ZIP	<b>ST AUGUSTINE FL 32084</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BARROW, DOUGLAS</b>
STREET ADDRESS	<b>160 INDIAN COVE LN</b>
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D LOMBANA, JOYCE</b>
STREET ADDRESS	<b>6480 MADISON ST APT D</b>
CITY - ST - ZIP	<b>ST AUGUSTINE FL 32082</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PARTEL, KEVIN</b>
STREET ADDRESS	<b>4230 MYRTLE ST</b>
CITY - ST - ZIP	<b>ST AUGUSTINE FL 32095</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ARAGNO, ALBINO</b>
STREET ADDRESS	<b>208 BARCO RD</b>
CITY - ST - ZIP	<b>ST AUGUSTINE FL 32082</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BRADY, FRANK</b>
STREET ADDRESS	<b>201 S MATANZAS BLVD</b>
CITY - ST - ZIP	<b>ST AUGUSTINE FL 32084</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Rev. Robert J. Baker Date: January 6, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0001218**

CR2E037 (9/96)