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Feb 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003019 (4)

1. Corporation Name

FRIENDS OF ST. VINCENT DE PAUL FARM, INC.

Principal Place of Business

Mailing Address

35 TREASURY ST
ST AUGUSTINE FL 32084

35 TREASURY ST
ST AUGUSTINE FL 32084

3. Date Incorporated or Qualified

06/04/1996

4. FEI Number

59-3426484

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, ROBERT REV
35 TREASURY ST
ST AUGUSTINE FL 32084

81 Name

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

742 Arlington Road

83

84 City Jacksonville

FL

85 Zip Code

32211

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

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

Rev. Robert Baker, Director

1/11/98

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BAKER, ROBERT REV
STREET ADDRESS 35 TREASURY ST
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE D ☒ DELETE
NAME BARROW, DOUGLAS
STREET ADDRESS 189 INDIAN COVE LN
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ DELETE
NAME LOMBANA, JOYCE
STREET ADDRESS 8480 MADISON ST APT D
CITY-ST-ZIP ST AUGUSTINE FL 32082

TITLE D ☐ DELETE
NAME PARTEL, KEVIN
STREET ADDRESS 4230 MYRTLE ST
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE D ☐ DELETE
NAME ARAGNO, ALBINO
STREET ADDRESS 208 BARCO RD
CITY-ST-ZIP ST AUGUSTINE FL 32082

TITLE D ☒ DELETE
NAME BRADY, FRANK
STREET ADDRESS 201 S MATANZAS BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32084

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 742 Arlington Rd.
1.4 CITY-ST-ZIP Jacksonville, FL 32211

2.1 TITLE Treasurer T/D ☐ Change ☒ Addition
2.2 NAME Patricia Schiavo
2.3 STREET ADDRESS 3979 Oak Terrace Rd.
2.4 CITY-ST-ZIP St. Augustine, FL 32086

3.1 TITLE Secretary S/D ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Rev. Robert Baker, Director

(904) 724-10080
1/11/98

CR20037 (10/97)