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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003019

1. Corporation Name

FRIENDS OF ST. VINCENT DE PAUL FARM, INC.

Principal Place of Business

35 TREASURY ST
ST AUGUSTINE FL 32084

Mailing Address

35 TREASURY ST
ST AUGUSTINE FL 32084



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/04/1996

4. FEI Number

59-3426484

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAKER, ROBERT REV
742 ARLINGTON RD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Rev. Robert J. Baker, Director 2/19/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BAKER, ROBERT REV
STREET ADDRESS 742 ARLINGTON RD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE TD ☐ DELETE

NAME SCHIAVO, PATRICIA
STREET ADDRESS 2989 OAK TERRACE RD
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE SD ☐ DELETE

NAME LOMBANA, JOYCE
STREET ADDRESS 6480 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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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

534 Segovia Rd.
St. Augustine, FL 32086

6480 Madison St. Apt. D
St. Augustine, FL 32082

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Rev. Robert J. Baker (904) 124-0080

Date

Daytime Phone #

CRZE037 (1/98)