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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N96000004300 (7)**

1. Corporation Name

DISTRICT COUNCIL OF THE TREASURE COAST, SOCIETY OF ST. VINCENT DE PAUL, INC.

Principal Place of Business	Mailing Address
5480 85TH ST VERO BEACH FL 32967-5544	5480 85TH ST VERO BEACH FL 32967-5544

3. Date Incorporated or Qualified: 08/15/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1063 S.W. Mc COY AVE.
22 Suite, Apt. #, etc.
23 City & State: PORT ST. LUCIE FLORIA
24 Zip: 34953
25 Country: USA

2a. Mailing Address
26 1063 S.W. Mc COY AVE.
27 Suite, Apt. #, etc.
28 City & State: PORT ST. LUCIE FLORIA
29 Zip: 34953
30 Country: USA

4. FEI Number: 59-3398288 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLFF, PUAL R
8085 133RD PL
ROSELAND FL 32957

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOLFF, PAUL R		1.2 NAME		
STREET ADDRESS	8085 133RD PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROSELAND FL 32957		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLICK, JAMES J		2.2 NAME		
STREET ADDRESS	526 BALBOA ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAEFNER, ROBERT E		3.2 NAME		
STREET ADDRESS	114 LANDOVER DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 3258		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, STAN		4.2 NAME		
STREET ADDRESS	1745 14TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Paul R. Wolff PAUL R. WOLFF - PRESIDENT 1-2-97 561-589-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0021029