

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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

**1063 S.W. MCCOY AVE.  
PORT ST. LUCIE FL 34953  
US**

**1063 S.W. MCCOY AVE.  
PORT ST. LUCIE FL 34953  
US**



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 <b>1063 SW McCoy Ave</b>    | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23 <b>Port St Lucie</b>        | 28                  |
| Zip                            | Country             |
| 24 <b>34953</b>                | 25 <b>St Lucie</b>  |
| 29                             | 30                  |

3. Date Incorporated or Qualified

**08/15/1996**

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**

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

**WOLFF, PUAL R  
8085 133RD PL  
ROSELAND FL 32957**

81 Name **GENE GIAVEDONI**

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

**575 Monteverna Dr**

83 **Port St Lucie**

84 City

**FL**

85 Zip Code **34986**

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

**GENE GIAVEDONI**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/19/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |                                            |
|-----------------|----------------------------|--------------------------------------------|
| TITLE           | <b>DP</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>WOLFF, PAUL R</b>       |                                            |
| STREET ADDRESS  | <b>8085 133RD PL</b>       |                                            |
| CITY - ST - ZIP | <b>ROSELAND FL 32957</b>   |                                            |
| TITLE           | <b>DT</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>FLICK, JAMES J</b>      |                                            |
| STREET ADDRESS  | <b>526 BALBOA ST</b>       |                                            |
| CITY - ST - ZIP | <b>SEBASTIAN FL 32958</b>  |                                            |
| TITLE           | <b>DS</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>HAEFNER, ROBERT E</b>   |                                            |
| STREET ADDRESS  | <b>114 LANDOVER DR</b>     |                                            |
| CITY - ST - ZIP | <b>SEBASTIAN FL 3258</b>   |                                            |
| TITLE           | <b>DV</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>EDWARDS, STAN</b>       |                                            |
| STREET ADDRESS  | <b>1745 14TH AVE</b>       |                                            |
| CITY - ST - ZIP | <b>VERO BEACH FL 32906</b> |                                            |
| TITLE           |                            | <input checked="" type="checkbox"/> DELETE |
| NAME            |                            |                                            |
| STREET ADDRESS  |                            |                                            |
| CITY - ST - ZIP |                            |                                            |
| TITLE           |                            | <input type="checkbox"/> DELETE            |
| NAME            |                            |                                            |
| STREET ADDRESS  |                            |                                            |
| CITY - ST - ZIP |                            |                                            |

|                     |                                |                                                                                         |
|---------------------|--------------------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>President</b>               | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | <b>Fran Asklund</b>            |                                                                                         |
| 1.3 STREET ADDRESS  | <b>1063 SW McCoy Ave</b>       |                                                                                         |
| 1.4 CITY - ST - ZIP | <b>Port St Lucie FL 34953</b>  |                                                                                         |
| 2.1 TITLE           | <b>First VP</b>                | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | <b>Bob Ward</b>                |                                                                                         |
| 2.3 STREET ADDRESS  | <b>6690 SE Ramoth Ave</b>      |                                                                                         |
| 2.4 CITY - ST - ZIP | <b>Stuart FL 34987</b>         |                                                                                         |
| 3.1 TITLE           | <b>2nd VP</b>                  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | <b>Ed Barrington</b>           |                                                                                         |
| 3.3 STREET ADDRESS  | <b>16478 Two Wood Way</b>      |                                                                                         |
| 3.4 CITY - ST - ZIP | <b>Indian town FL 34996</b>    |                                                                                         |
| 4.1 TITLE           | <b>Paul Bambauer Secretary</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 4.2 NAME            | <b>105 Harbor Way</b>          |                                                                                         |
| 4.3 STREET ADDRESS  | <b>Hobe Sound FL 33455</b>     |                                                                                         |
| 4.4 CITY - ST - ZIP | <b>34986</b>                   |                                                                                         |
| 5.1 TITLE           | <b>Treasurer</b>               | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | <b>Gene Giavedoni</b>          |                                                                                         |
| 5.3 STREET ADDRESS  | <b>575 Monteverna Drive</b>    |                                                                                         |
| 5.4 CITY - ST - ZIP | <b>Port St Lucie FL 34986</b>  |                                                                                         |
| 6.1 TITLE           | <b>Parliamentarian</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 6.2 NAME            | <b>4678 Corkwood Terrace</b>   |                                                                                         |
| 6.3 STREET ADDRESS  | <b>Stuart FL 34997</b>         |                                                                                         |
| 6.4 CITY - ST - ZIP | <b>Don Barber</b>              |                                                                                         |

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

**GENE GIAVEDONI**

**561**

CR2E037 (10/97)