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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N96000004300

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 21	2a. Mailing Address 26 575 Montevina Dr	3. Date Incorporated or Qualifed 08/15/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3398288 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Port St Lucie ; Fl	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 34986 Country 30 St Lucie	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GIAVEDONI, GENE
575 MONTEVENA DR
PORT ST LUCIE FL 34986

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	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ASKLAND, FRAN		1.2 NAME		
STREET ADDRESS	1063 SW MCCOY AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34953		1.4 CITY-ST-ZIP		
TITLE	1VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARD, BOB		2.2 NAME		
STREET ADDRESS	6690 SE RAINTREE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		2. 4 CITY-ST-ZIP		
TITLE	2VPT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARRINGTON, ED		3.2 NAME		
STREET ADDRESS	16478 TWO WOOD WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN TOWN FL 34596		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRABENEE, PAUL		4. 2 NAME		
STREET ADDRESS	105 HARBOR WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GIAVEDONI, GENE		5.2 NAME		
STREET ADDRESS	575 MONTEVENEA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34986		5.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARBER, DON		6.2 NAME		
STREET ADDRESS	4673 CORKWOOD TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED Gene Giavedoni 1/6/98 5613360151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #