2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90026 025 ****61.25

DOCUMENT # N96000004300

1. Entity Name

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

94023876

MOORE CR2E037 (11/03)

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	3. Mailing Address
697 SW BILTMORE ST	697 SW BILTMORE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST LUCIE FL	City & State: PORT ST. LUCIE FL
Zip: 34983-1854 Country: USA	Zip: 34983-1854 Country: USA

4. FEI Number: 59-3398288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNELL, GEOFFREY D
555 N.W. PORTOFINO LN
PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

Name: ROBERTS, ROSEMARY
Street Address (P.O. Box Number is Not Acceptable): 1962 SW CAPEADOR ST.
City: PORT ST. LUCIE FL Zip Code: 34953

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT O'CONNELL, GEOFFREY 555 N.W. PORTOFINO LN PORT SAINT LUCIE FL 34986	☒ Delete	PT ROBERTS, ROSEMARY 1962 SW CAPEADOR ST. PORT ST LUCIE, 34953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOLZ, RITA 8288 SPICE BUSH ROD PORT SAINT LUCIE FL 34952	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PALUMBO, JOHN L 6804 SHELLEY TERRACE PORT ST LUCIE FL 34952	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP ROBERTS, ROSEMARY 1962 S.W. CAPEADOR ST. PORT SAINT LUCIE FL 34953	☒ Delete	1 VP FENSSEY, JOHN 2537 SW ABATE ST. PORT ST LUCIE 34953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPT ROE, JAMES 402 SW FAIRWAY LANDING PORT SAINT LUCIE FL 34986	☒ Delete	2 VP ASKLAND, FRAN 1063 SW MCCOY AVE PORT ST. LUCIE 34953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Mary Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #