


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**-Apr 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # N96000004300
 1. Entity Name
 DISTRICT COUNCIL OF THE TREASURE COAST,
 SOCIETY OF ST. VINCENT DE PAUL, INC.



Principal Place of Business Mailing Address
 697 SW BILTMORE ST.
 PORT SAINT LUCIE, FL 34983-1854 US 697 SW BILTMORE ST.
 PORT SAINT LUCIE, FL 34983-1854 US

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03022005 No Chg-NP CR2E037 (10/03)

4. FBI 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
 ROBERTS, ROSEMARY
 1962 SW CAPEADOR ST.
 PORT SAINT LUCIE, FL 34953

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

000000284096
 04/01/05-80053-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBERTS, ROSEMARY 1962 SW CAPEADOR ST. PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLZ, RITA 8288 SPICE BUSH ROD PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALUMBO, JOHN L 6804 SHELLEY TERRACE PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP FENSSEY, JOHN 2537 SE ABATE ST. PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPT ASKLAND, FRAN 1063 SW MCCREE AVE. PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Rosemary Roberts* 3-30-05 772-244-1344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #