2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004300

FILED May 14, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

697 SW BILTMORE ST.

PORT SAINT LUCIE, FL 349831854 US

Current Mailing Address: New Mailing Address:

697 SW BILTMORE ST.

PORT SAINT LUCIE, FL 349831854 US

FEI Number: 25-1923416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERTS, ROSEMARY 1962 SW CAPEADOR ST.

PORT SAINT LUCIE, FL 34953 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Change () Addition

() Delete ROBERTS, ROSEMARY ROBERTS, ROSEMARY Name: Name: 1962 SW CAPEADOR ST. Address: 1962 SW CAPEADOR ST. Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip:

PORT SAINT LUCIE, FL 34953 US

Title: () Delete Title: (X) Change () Addition Name:

HOLZ, RITA Name: HOLZ, RITA Address: 8288 SPICE BUSH ROD Address: 8288 SPICE BUSH ROD

City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: () Delete Title: (X) Change () Addition PALUMBO, JOHN L SCHIFFGENS, DONALD L Name: Name: 6804 SHELLEY TERRACE Address: Address: 517 S.W. SUNDANCE TRAIL City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: 1VP () Delete Title: 1VP (X) Change () Addition

Name: FENSSEY, JOHN Name: ASKLAND, FRAN Address:

2537 SE ABATE ST. Address: 1063 S.W. MCCEE AVE.

PORT SAINT LUCIE, FL 34953 City-St-Zip: City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: 2VPT (X) Delete Title: ASKLAND, FRAN Name: Name: 1063 SW MCCEE AVE. Address: Address: PORT SAINT LUCIE, FL 34953 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY ROBERTS PT 05/14/2006