

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 07, 2009  
Secretary of State

DOCUMENT# N96000004300

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

**Current Principal Place of Business:**

697 SW BILTMORE ST.  
PORT SAINT LUCIE, FL 349831854 US

**New Principal Place of Business:**

**Current Mailing Address:**

697 SW BILTMORE ST.  
PORT SAINT LUCIE, FL 349831854 US

**New Mailing Address:**

FEI Number: 25-1923416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:**

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

Title: S ( ) Delete  
Name: HOLZ, RITA  
Address: 8288 SPICE BUSH ROD  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: T ( ) Delete  
Name: SCHIFFGENS, DONALD J  
Address: 517 S.W. SUNDANCE TRAIL  
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: 1VP ( ) Delete  
Name: NACRELLI, MARTIN  
Address: 2511 SE SNAPPER  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 1VP (X) Change ( ) Addition  
Name: PLUMMER, TOM  
Address: 5416 STATELY OAKS LANE  
City-St-Zip: FORT PIERCE, FL 34981 US

I hereby certify that the information supplied with this filing does not qualify 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: DONALD J SCHIFFGENS

T

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date