

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004300

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**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 (X)

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

HEMINGS, ALFRED  
9401 POINCIANA CT  
FORT PIERCE, FL 34951 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  
Name: HEMINGS, ALFRED  
Address: 9401 POINCIANA CT  
City-St-Zip: FORT PIERCE, FL 34951 US

Title: S  
Name: SITERS, LAVERNE  
Address: 6936 NY HERSHEY CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: T  
Name: LO PRESTI, BERNICE  
Address: 782 SE ESSEX DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34984 US

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

I hereby 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 all other like empowered.

SIGNATURE: BERNICE LOPRESTI

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04/19/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date