

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004300

**FILED**  
**Mar 25, 2012**  
**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:**

SCHIFFGENS, DONALD J  
517 SW SUNDANCE TRAIL  
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: DONALD J SCHIFFGENS

03/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SCHIFFGENS, DONALD J  
Address: 517 SW SUNDANCE TRAIL  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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

Title: VP  
Name: NACRELLI, MARTY  
Address: 2511 SE SNAPPER ST  
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: SEC  
Name: LEMQUIST, PATRICIA  
Address: 4782 NW EVER RD  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VP  
Name: ASKLAND, FRAN  
Address: 1063 MCCOY AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SA  
Name: MOSTLER, JOHN F  
Address: 974 SW CECIL LN  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: DONALD J SCHIFFGENS

PRES

03/25/2012

Electronic Signature of Signing Officer or Director

Date