2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 90338 020 ****61.25

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1. Entity Name

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

Principal Place of Business	Mailing Address
1063 S.W. MCCOY AVE. PORT ST. LUCIE FL 34953 US	1063 S.W. MCCOY AVE. PORT ST. LUCIE FL 34953 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI 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	7. Name and Address of New Registered Agent
ASKLARD, FRAN 1063 SW MCCOY AVE PORT SAINT LUCIE FL 34953	Name O'CONNELL GEOFFREY D Street Address (P.O. Box Number is Not Acceptable) 555 N.W. PORFOFINO LN City PORT ST. LUCIE FL Zip Code 34986

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ASKLAND, FRAN 1063 SW MCCOY AVE PORT ST LUCIE FL 34953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT O'CONNELL GEOFFREY 555 N.W. PIRTOFINO LN PORT ST. LUCIE FL 34986	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOLZ, RITA 8288 SPICE BUSH ROD PORT SAINT LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PALUMBO, JOHN L 6804 SHELLEY TERRACE PORT ST LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCCARRY, JOHN 6804 THEREAU TERRACE PORT ST LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST V ROSEMARY ROBERTS 962 SW CAPEADOR ST PORT ST LUCIE FLA 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPT ROE, JAMES 402 SW FAIRWAY LANDING PORT SAINT LUCIE FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Geoffrey D. O'Connell 6/1/03 772 334 1361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #