

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 21 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000436 (2)

1. Corporation Name
**ARCHBISHOP FREEHAN DISTRICT COUNCIL SOCIETY OF S
T. VINCENT DE PAUL, INC.**



Principal Place of Business 5490 85TH ST. VERO BEACH FL 32967-5544		Mailing Address 5490 85TH ST. VERO BEACH FL 32967-5544		3. Date Incorporated or Qualified 01/16/1997	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		4. FEI Number 65-0734687 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent			

9. Name and Address of Current Registered Agent WOLFF, PAUL R 8085 133RD PLACE ROSELAND FL 32957		10. Name and Address of New Registered Agent			
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83.	
84. City		85. State		86. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, PAUL R	1.2 NAME	
STREET ADDRESS	8085 133RD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND FL 32957	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLICK, JAMES J	2.2 NAME	
STREET ADDRESS	526 BALBOA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEFNER, ROBERT E	3.2 NAME	
STREET ADDRESS	114 LANDOVER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32957	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, STAN	4.2 NAME	
STREET ADDRESS	1745 14TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul R. Wolff PRESIDENT PAUL R. WOLFF 1-9-98 561-589-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9320073

CR2E037 (10/97)