

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000000436					
1. Entity Name ARCHBISHOP FEEHAN DISTRICT COUNCIL SOCIETY OF ST. VINCENT DE PAUL, INC.					
Principal Place of Business 5480 85TH ST. VERO BEACH, FL 32967-5544			Mailing Address 5480 85TH ST. VERO BEACH, FL 32967-5544		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'DONNELL, GERARD L 402 N.W. 10TH ST. OKEECHOBEE, FL 34972			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, GERARD L			NAME	
STREET ADDRESS	402 NW 10TH ST.			STREET ADDRESS	U00000033980
CITY-ST-ZIP	OKEECHOBEE, FL 34972			CITY-ST-ZIP	02/05/04-80065-004 70.00
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLICK, JAMES J			NAME	
STREET ADDRESS	526 BALBOA ST			STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN, FL 32958			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEFNER, ROBERT E			NAME	
STREET ADDRESS	114 LANDOVER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN, FL 32957			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, GERALD			NAME	
STREET ADDRESS	3515 SE 36TH STREET			STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34974			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUELLETTE, PAUL A			NAME	
STREET ADDRESS	979 GARDENIA ST.			STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN, FL 32958			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		<i>Robert E. Haefner</i>		Robert E. Haefner	
				1-31-04 772-388-5695	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					



01312004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0734687** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required