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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000000678**

1. Corporation Name

ST.VINCENT DE PAUL SOCIETY OF CITRUS/HERNANDO COUNTIES, INC.

Principal Place of Business	Mailing Address
~~% ELGIE WHALEN~~ ~~7067 WESTWIND STREET~~ 1291 Kass Circle ~~SPRING HILL FL 34607~~	~~% ELSIE WHALEN~~ ~~7067 WESTWIND STREET~~ ~~1291 Kass Circle~~ ~~SPRING HILL FL 34607~~ Elsie whalen 7067 Westwind St. Spring Hill, Fl 34607

2. Principal Place of Business	2a. Mailing Address
21 1291 Kass Circle	26 1970 Landover Blvd. 7067 Westwind St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Spring Hill Fl	City & State 28 Spring Hill Fl
Zip / Country 24 34608 25 Hernando	Zip / Country 29 34607 30 Hernando

3. Date Incorporated or Qualifed: 02/05/1998

4. FEI Number: 59-3495112 — ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

AMATO, JAN
7469 DEL RIO AVE.
BROOKSVILLE FL 34613

10. Name and Address of New Registered Agent

81 Name: George Bissell
82 Street Address (P.O. Box Number is Not Acceptable): 1970 Landover Blvd.
83
84 City: Spring Hill Fl. FL — 85 Zip Code: 34608

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: ✓ George E Bissell Pres — 3/18 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANDAETA, CESAR 2189 ORCHARD PARK DR. SPRING HILL FL 34608	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD George Bissell 1970 Landover Blvd. Spring Hill Fl 34608.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD AMATO, JAN 7469 DEL RIO AVE. BROOKSVILLE FL 34613	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Joseph F. Buethner 12468 Coronado Spring Hill Fl	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COURTNEY, JAMES 1066 CONCERT AVE. SPRING HILL FL 34608	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	S Rita Fantine 6383 Shadywood Lane. Brooksville, Fl 34602.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BISSELL, GEORGE 1970 LANDOVER BLVD. SPRING HILL FL 34608	☑ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T. Elsie Whalen 7067 Westwind St. Spring Hill Fl 34607	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEARSALL, LORETTA 34 PAGODA DR. HOMOSSASSA FL 34446	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D-VP Pearsall, Loretta 34 Pagoda Dr. Homossassa, Fl 34446.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Ina Perrkins 2419 Hidden Trail Drive Spring Hill, Fl 34606	☐ Change ☑ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED George Bissell George E Bissell 352-596-1757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #