

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

|                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N98000000678</b>                                                        |  |
| 1. Entity Name<br><b>ST.VINCENT DE PAUL SOCIETY OF CITRUS/HERNANDO COUNTIES, INC.</b> |                                                                                   |

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>1291 KASS CIR.<br/>SPRING HILL FL 34606</b> | Mailing Address<br><b>1291 KASS CIR.<br/>SPRING HILL FL 34606</b> |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State                                          | City & State                              |
| Zip                                                   | Country                                   |



MOORE CR2E037 (11/03)

|                                                           |                                                                                    |
|-----------------------------------------------------------|------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>59-3495112</b>                        | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                                              |

|                                                                                                                         |                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>FRANK, ROBERT<br/>1421 DEBORAH DRIVE<br/>SPRING HILL FL 34609</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

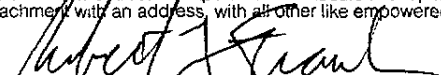
**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DT<br/>LYCZAK, MARY ELLEN<br/>4645 MARINER BLVD<br/>SPRING HILL FL 34609</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000027826<br/>02/04/04-80001-004 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DV<br/>BROWER, MARVIN<br/>5525 PILLAR AVE<br/>SPRING HILL FL 34608</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DS<br/>PERRKINS, INA<br/>2419 HIDDEN TRAIL DR.<br/>SPRINGHILL FL 34606</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |

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:**  **1/26/04** **352** **688-3331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #