2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 20, 2006 8:00 am Secretary of State DOCUMENT # N98000000678 1. Entity Name 02-20-2006 90051 006 ****61.25 ST. VINCENT DE PAUL SOCIETY OF CITRUS/HERNANDO COUNTIES, INC. Principal Place of Business Mailing Address 1291 KASS CIR. 1291 KASS CIR. SPRING HILL FL 34606 SPRING HILL FL 34606 3. Mailing Address 2. Principal Place of Business DAME AME Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3495112 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORNET-TA-BROWER, MARVIN (DEC. 'D) ddress (P.O. Box Number is Not Accept 5525 PILLAR AVENUE SPRING HILL FL 34608 Zip Code **34613** Wachee 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 agen-FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change Addition ☐ Delete LYCZAK, MARY ELLEN NAME NAME 4645 MARINER BLVD STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 City-St-ZiP CITY-ST-ZIP PRESTOENT D۷ Change TITLE Delete TITLE Addition PATRICK CONREY CORNETTA, WOODROW NAME NAME 4615 ELWOOD ROAD 9261 PENELOPE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEEKI WACHEE FL 34613 CITY-ST-ZIP SPRING HILL, FL -- -- Change --- -- Addition -TITLE DS ☐ Pelete TIME LEGER, ELAINE M NAME NAME 4130 SAINT IVES BOULEVARD STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP 2ND VICE PRESIDENT WALTER WIEDEMANN, Change **X** Addition TITLE ☐ Delete TITLE NAME NAME 8124 HIDDEN HILLS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL ☐ Change ☐ Detete ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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

MARY ELLEN LYCZAK

FILED