2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000678

FILED Jan 15, 2009 Secretary of State

Entity Name: ST VINCENT DE PAUL SOCIETY OF CITRUS/HERNANDO COUNTIES. INC

Current Principal Place of Business:		New Principal Place of Business:			
291 KASS PRING H	S CIR. IILL, FL 34606				
current Mailing Address:		New Mailing Address:			
291 KASS PRING H	SCIR. HILL, FL 34606				
El Number:	: 59-3495112	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
261 PENI	W, CORNETT	A			
ROOKS	/ILLE, FL 3461	3 US			
he above	/ILLE, FL 3461		purpose of changing its registere	ed office or registered agent, or both,	
he above the State	/ILLE, FL 3461 named entity se of Florida. RE:	submits this statement for the			
ne above the State GNATUF	/ILLE, FL 3461 named entity set of Florida. RE: Electron	submits this statement for the library is sta	ent	Date	
he above the State	/ILLE, FL 3461 named entity se of Florida. RE:	submits this statement for the library is sta	ent		
he above the State	named entity see of Florida. RE: Electron S AND DIREC	submits this statement for the side of Signature of Registered Agronal Forces: Delete FELLEN BLVD	ent	Date	
ne above the State GNATUF FFICER: le: le: lme: ldress:	/ILLE, FL 3461 named entity set of Florida. RE: Electron S AND DIRECTOR DT () LYCZAK, MARY 4645 MARINER SPRING HILL, F	ic Signature of Registered Ag FORS: Delete ELLEN BLVD EL 34609 Delete EM S BOULEVARD	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ELLEN LYCZAK DT 01/15/2009