N98000000678

(Requestor's Name)			
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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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AUS 13 S. PRATHER



July 16, 2024

SOCIETY OF ST. VINCENT DE PAUL HERNANDO/CITRUS EDWARD SWEENEY 1291 KASS CIRCLE SPRING HILL, FL 34606

SUBJECT: SOCIETY OF ST. VINCENT DE PAUL HERNANDO/CITRUS DISTRICT COUNCIL, INC.

Ref. Number: N98000000678

We have received your document for SOCIETY OF ST. VINCENT DE PAUL HERNANDO/CITRUS DISTRICT COUNCIL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The Registered Agent listed on our records is not the same listed in the document and the new Registered Agent listed needs to sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 124A00015502

Stacy Prather Regulatory Specialist III



July 13, 2024

SOCIETY OF ST. VINCENT DE PAUL HERNANDO/CITRUS EDWARD SWEENEY 1291 KASS CIRCLE SPRING HILL, FL 34606

SUBJECT: SOCIETY OF ST. VINCENT DE PAUL HERNANDO/CITRUS

DISTRICT COUNCIL, INC. Ref. Number: N98000000678

We have received your document for SOCIETY OF ST. VINCENT DE PAUL HERNANDO/CITRUS DISTRICT COUNCIL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 224A00015179

Stacy Prather Regulatory Specialist III

Add Assistant . Treasurer

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Society of St. Vincent de Paul Hernando/Citrus District Council, Inc.	
Name of Corporation	
DOCUMENT NUMBER: N98000000678	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Edward Sweeney	
Name of Contact Person	
Society of St. Vincent de Paul Hernando/Citrus District Council, Inc.	
Firm/Company	
1291 Kass Circle	
Address	
Spring Hill, FL 34606	
City/State and Zip Code	
President@svdphernando.org	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Edward Sweeney at (352)200-7902 Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04713)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of t	he corporation: Society of St. Vine	cent de Paul Hernando Citrus District Council, Inc.	
2. The principal	office address: 1291 Kass Circle, S	Spring Hill, FL 34606	
3. The mailing a	ddress (if different); Same		
4. Date of incorp	peration/qualification: 02/05/1998	Document number: N98000000678	
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Edward Sweeney		
	347 Quane Avenue		}- .
	SPRING HILL, FL 34609		•
6. The name and street address of the new registered agent (if changed) and /or re (if changed):			1
	Margaret Mullarkey		<u>ر</u> .
			• •
		FL 34667 PO Box NOT acceptable	
	District Treasurer		
		estrect address of the business office of its regis	
authorized by ti	be board, or the corporation has b	idopted by its board of directors or by an office seen notified in writing of the change.	50
Lliver	of an officer or director	Edward Sweeney, District President Printed or typed name and title	· · · · · · · · · · · · · · · · · ·
l hereby accept l further agree (of my duties, an document is bei	the appointment as registered as o comply with the provisions of d d I am familiar with and accept t	gent and agree to act in this capacity, all statutes relative to the proper and complete p the obligation of my position as registered agen ge in the registered office address. I hereby conf	t. Or , if .
Margar	it Bullacky	Margaret Mullarkey, District Treasurer	
	nature of Registered Agent	7/23 /24	

* * * FILING FEE: \$35.00 * * *