FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-21-1999 90049 034 **61.25

DOCUMENT # N98000004878

1. Corporation Name

SACRED HEART, ST. PEREGINE CONFERENCE OF ST. VIN CENT DE PAUL, INC.

Principal Place of Business	Mailing Address
3651 S.E. HWY 441 OKEECHOBEE FL 34974	3651 S.E. HWY 441 OKEECHOBEE FL 34974

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated/Qualified: 08/24/1998

4. FEI Number: ☐ Applied For ☒ Not Applicable

5. Certificate 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

O'DONNELL, GERALD
3515 S.E. 36TH AVENUE
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, GERALD	1.2 NAME	
STREET ADDRESS	3515 S.E. 36TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ISAMAN, BARBARA	2.2 NAME	
STREET ADDRESS	1012 SE 5TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOTCHLING, MARGARET	3.2 NAME	
STREET ADDRESS	3167 N.E. 7TH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHEA, ANNE	4.2 NAME	
STREET ADDRESS	1307 S PARROTT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FROGGATT, MARGARET	5.2 NAME	
STREET ADDRESS	2812 S.E. 29TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HUX, DOROTHY	6.2 NAME	
STREET ADDRESS	3235 S.E. 36TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	6.4 CITY-ST-ZIP	

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CP2E037 (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: Gerald O'Donnell **REQUIRED** 1-5-99 941 467-9644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #