2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 25, 2000 8:00 am
Secretary of State
06-06-2000 90007 034 ****61.25
07-17-2000 90012 045 ****61.25

DOCUMENT # N99000003147

1. Entity Name
SOCIETY OF ST. VINCENT DE PAUL OF HIGHLANDS COUNTY

Principal Place of Business	Mailing Address
~~834 N.W. LAKEVIEW DRIVE~~ SEBRING, FL 33870 200 N Circle Dr. Sebring, FL 33870	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 3580 Sebring FL 33871 Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0794447 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES K WEEKS, President ~~834 N.W. LAKEVIEW DRIVE SEBRING FL 33870~~ 5314 11 St. So. Sebring, FL	Name: James K. Weeks Street Address (P.O. Box Number is Not Acceptable): P.O. Box 3580 5314 11th St S City: Sebring, FL. 33871 33876 FL 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.

SIGNATURE: James K. Weeks 4/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARY JOHNSON 834 N.W. LAKEVIEW DRIVE SEBRING, FL 33870 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES K WEEKS 5314 11TH STREET SOUTH SEBRING, FL 33870 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEBBIE MERCURE 4660 TODD AVE SEBRING, FL 33870 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARRY MERCURE 4660 TODD AVE SEBRING, FL 33870 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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: James K. Weeks 4/30/00 402-0918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #