2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003147

FILED Apr 24, 2009 Secretary of State

Entity Name: SOCIETY OF ST. VINCENT DE PAUL OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 200 CIRCLE PARK DR SEBRING, FL 33870 **Current Mailing Address: New Mailing Address:** PO BOX 3580 SEBRING, FL 338713580 FEI Number: 65-0794447 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MERCURE, LARRY MERCURE, DEBORAH 4600 COD AVE. 4600 COD ÁVE SEBRING, FL 33870 SEBRING, FL 33870 US US 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: DEBORAH MERCURE 04/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition THIEME, ROBERT Name: Name: 180 SHEPPARD TRAIL Address: Address: City-St-Zip: SEBRING, FL 33875 City-St-Zip: Title: TD () Delete Title: PD (X) Change () Addition MERCURE, DEBBIE Name: THIEME, CAROLYN Name: Address: 4660 COD AVE Address: 180 SHEPPARD TRAIL City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33875 Title: PD () Delete Title: (X) Change () Addition MERCURE, LARRY JOHNSON, GARY Name: Name: 3730 LAKEVIEW DR Address: 4660 COD AVE Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: SEBRING, FL 33870 Title: () Delete Title: (X) Change () Addition LAVERRIERE, ADRIEN Name: FUZZARD, JEAN Name: 1937 SUNFLOWER CIRCLE Address: 2523 DAVIS CR Address: SEBRING, FL 33870 City-St-Zip: City-St-Zip: SEBRING, FL 33872 Title: () Delete Title: (X) Change () Addition THIEME, CAROLYN LAVERRIERE, CLAUDETTE Name: Name: 180 SHEPPARD TRAIL 1937 SUNFLOWER CIRCLE Address: Address: City-St-Zip: SEBRING, FL 33875 City-St-Zip: SEBRING, FL 33872 Title: () Delete Title: () Change (X) Addition MERCURE, DEBORAH Name: Name: 4660 COD AV Address: Address: SEBRING, FL 33870 City-St-Zip: City-St-Zip:

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: DEBORAH MERCURE ED 04/24/2009