

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006336

FILED
Mar 25, 2009
Secretary of State

Entity Name: ST. VINCENT DE PAUL COMMUNITY HEALTH CARE, INC.

Current Principal Place of Business:

21450 GIBRALTER DR
SUITE 1
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 381193
MURDOCK, FL 33938

New Mailing Address:

FEI Number: 65-0958642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDBURY, JIM
21450 GIBRALTER DR., SUITE 1
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

TOM, CAPPIELLO PRES
21450 GIBRALTER DR., SUITE 1
PORT CHARLOTTE, FL 33952 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: TOM CAPPIELLO 03/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLEIN, DAVID M
Address: 1820 JAMAICA WAY
City-St-Zip: PUNTA GORDA, FL 33983

Title: T/D () Delete
Name: CAPPIELLO, THOMAS
Address: 26146 RAMPART BLVD
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP/D () Delete
Name: CHERVINSKI, NOREEN
Address: 2710 BAY COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MATZKO, MAURA E
Address: 3656 TURTLE DOVE BLVD
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: BYRSKI, MARY A
Address: 164 ANGOL STREET
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: ASPERILLA, MARK O
Address: 4040 LEA MARIE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAPPIELLO, TOM PRES
Address: 26146 RAMPART BLVD.
City-St-Zip: PUNTA GORDA, FL 33983

Title: T/D (X) Change () Addition
Name: MATZKO, MAURA E TREAS
Address: 3656 TURTLEDOVE BLVD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP/D (X) Change () Addition
Name: CHERVINSKI, NOREEN SEC
Address: 2710 BAY COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Change () Addition
Name: WYMAN, JEANNE
Address: 188 CADDY ROAD
City-St-Zip: ROTONDA, FL 33947

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TOM CAPPIELLO PRES 03/25/2009
Electronic Signature of Signing Officer or Director Date