

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006336

FILED
Feb 22, 2010
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:

TOM, CAPPIELLO PRES
21450 GIBRALTER DR., SUITE 1
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: WYMAN, JEANNE
Address: 188 CADDY ROAD
City-St-Zip: ROTONDA, FL 33947

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS CAPPIELLO

PRES

02/22/2010

Electronic Signature of Signing Officer or Director

Date