

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709311

Entity Name: SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF
PENSACOLA-TALLAHASSEE, INC.**Current Principal Place of Business:**2200 W. DESOTO
PENSACOLA, FL 32505**Current Mailing Address:**P. O. BOX 17645
PENSACOLA, FL 32522 US**FEI Number: 59-2374931****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STEBBINS, MICHAEL J
504 NORTH BAYLEN ST
PENSACOLA, FL 32501 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/DIRECTOR
Name KRUMEL, VIVIAN
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title VICE-PRESIDENT/DIRECTOR
Name PEPPLER, ELLEN
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title SECOND VICE
 PRESIDENT/DIRECTOR
Name NORRIS, JANETTE
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title TREASURER, DIRECTOR
Name CLARK, CONNIE
Address P O BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title EXECUTIVE DIRECTOR
Name BURNS, PAT
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title SECRETARY, DIRECTOR
Name MOORE, DIANNA
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name BELL, CELESTE
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name COLEMAN, ANNEKE
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

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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: VIVIAN KRUMEL**PRESIDENT/DIRECTOR****01/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DOYLE, PETE
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name GARLOCK, LAURA
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name LAND, JOHN
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name WILSON, MIKE
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name ELLIOTT, STEPHEN
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name HERRING, LAURIE
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name MOLCHAN, ROSE
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR
Name WADE, DAN
Address P. O. BOX 17645
City-State-Zip: PENSACOLA FL 32522