

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732204

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC4124996095**

**Entity Name:** SOCIETY OF SAINT VINCENT DE PAUL DISTRICT COUNCIL OF CENTRAL BROWARD, INC.

**Current Principal Place of Business:**

1211 NE 4TH AVENUE  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

1211 NE 4TH AVENUE  
FORT LAUDERDALE, FL 33304 US

**FEI Number: 59-1580430**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TERENCE, WHALEN  
5641 SW 2ND COURT  
PLANTATION, FL 33317 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 P  
Name TERENCE, WHALEN  
Address 5641 SW 2ND COURT  
City-State-Zip: PLANTATION FL 33317

Title VP  
Name FLOOD, STEVE  
Address 4400 NW 30TH - APT. 225  
City-State-Zip: COCONUT CREEK FL 33066

Title T  
Name GUERIN, JIM  
Address 220 SOUTH OCEAN LANE #406  
City-State-Zip: FORT LAUDERDALE FL 33316

*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: TERENCE WHALEN

PRESIDENT

04/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date