

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737756

**FILED**  
**Mar 29, 2023**  
**Secretary of State**  
**1721193292CC**

**Entity Name:** ST. VINCENT DE PAUL SOCIETY NAPLES DISTRICT COUNCIL, INC.

**Current Principal Place of Business:**

4451 MERCANTILE AVE  
NAPLES, FL 34104

**Current Mailing Address:**

4451 MERCANTILE AVE.  
NAPLES, FL 34104 US

**FEI Number: 59-1711287**

**Certificate of Status Desired: Yes**

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

SCHMITT, R. BARRIE  
575 BLACK BEAR RD.  
NAPLES, FL 34113 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: R. BARRIE SCHMITT**

**03/29/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name SCHUL, KIMBERLY A  
Address 27335 JOLLY ROGER LANE  
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER  
Name REARDON, ANDREW  
Address 530 S. COLLIER BLVD. #601  
City-State-Zip: MARCO ISLAND FL 34145

Title SECRETARY  
Name SCHMITT, BARRIE  
Address 575 BLACK BEAR RD.  
City-State-Zip: NAPLES FL 34113

Title PRESIDENT  
Name CREAMER, ANITA  
Address 14308 NEPTUNE AVE.  
City-State-Zip: NAPLES FL 34114

Title VP  
Name HAMBERGER, JOSEPH  
Address 387 EDGEMERE WAY N  
City-State-Zip: NAPLES FL 34105

*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: KIMBERLY SCHUL**

**EXECUTIVE DIRECTOR**

**03/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date