

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 737756

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

**FILED**  
**Oct 23, 2019**  
**Secretary of State**  
**4642203127CC**

**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

10/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRANDA, JOSE  
Address        831 PARTRIDGE CT  
City-State-Zip: MARCO ISLAND FL 34145

Title            VP  
Name            MICHAELS, FRED  
Address        2424 GOLFSIDE DR  
City-State-Zip: NAPLES FL 34110

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

Title            TREASURER  
Name            TETTE, TOM  
Address        784 WIGGINS BAY DR  
City-State-Zip: NAPLES FL 34110

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

*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 A SCHUL

**EXECUTIVE DIRECTOR**

10/23/2019

Electronic Signature of Signing Officer/Director Detail

Date