

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737756

**FILED**  
**Feb 24, 2017**  
**Secretary of State**  
**CC1726464521**

**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**

**02/24/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           DUGAN, DENIS  
Address        3728 BUTTONWOOD WAY  
City-State-Zip: NAPLES FL 34112

Title           VP  
Name           MICHAELS, FRED  
Address        28334 ALTESSA WAY  
City-State-Zip: BONITA SPRINGS FL 34135

Title           OPERATIONS/FINANCE DIRECTOR  
Name           SCHUL, KIMBERLY A  
Address        6025 SEAGRASS LANE  
                  A  
City-State-Zip: NAPLES FL 34116

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: BARRIE SCHMITT**

**SECRETARY**

**02/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date