

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004300

Entity Name: DISTRICT COUNCIL OF THE TREASURE COAST, SOCIETY OF ST. VINCENT DE PAUL, INC.**FILED**
Jan 15, 2020
Secretary of State
7213067269CC**Current Principal Place of Business:**697 SW BILTMORE ST.
PORT SAINT LUCIE, FL 34983-1854**Current Mailing Address:**697 SW BILTMORE ST.
PORT SAINT LUCIE, FL 34983-1854 US**FEI Number: 25-1923416****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SITERS, LAVERNE
6936 NW HERSHY CR
PORT SAINT LUCIE, FL 34983 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: LAVERNE SITERS****01/15/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	SITERS, LAVERNE
Address	6936 NW HERSHY CIRCLE
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	SEC
Name	WHITEHOUSE, CAROLYN
Address	2198 SE ABCOR RD
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	TREASURER
Name	DRISCOLL, MICHAEL
Address	12500 SW SILVERWOOD TR
City-State-Zip:	PORT SAINT LUCIE FL 34987

Title	COMPTROLLER
Name	SCHIFFGENS, DONALD F
Address	517 SW SUNDANCE TR
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	1ST VICE PRESIDENT
Name	SCHIFFGENS, CAROLINE
Address	517 SW SUNDANCE TR
City-State-Zip:	PORT SAINT LUCIE FL 34953

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: LAVERNE SITERS**PRESIDENT****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date