

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006336

Entity Name: ST. VINCENT DE PAUL COMMUNITY HEALTH CARE, INC.

Current Principal Place of Business:

21297 OLEAN BLVD UNIT B
PORT CHARLOTTE, FL 33952

Current Mailing Address:

PO BOX 494190
PT CHARLOTTE, FL 33949 US

FEI Number: 65-0958642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHORTZ, JOSEPH CPA
21297 OLEAN BLVD UNIT B
PORT CHARLOTTE, FL 33952 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: JOSEPH SCHORTZ

01/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name ROBERTS, M. SUZANNE M.ED
Address 21297 OLEAN BLVD UNIT B
City-State-Zip: PORT CHARLOTTE FL 33952

Title PRESIDENT
Name SHORTZ, JOSEPH
Address 201 W MARION AVENUE
1201
City-State-Zip: PUNTA GORDA FL 33950

Title PAST PRESIDENT
Name RUPERT, RYAN
Address 117 HERALD CT
113
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name ARMSTRONG, DARLENE RN
Address 3090 DAVID ST
City-State-Zip: PUNTA GORDA FL 33982

Title 1ST VICE PRESIDENT
Name HAWLEY, BILL CEO
Address 21298 OLEAN BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

Title SECRETARY
Name NIX, CARLA J
Address 403 SULLIVAN STREET
114
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name GRANT, MICHAEL
Address 4351 PINNACLE STREET
City-State-Zip: PUNTA GORDA FL 33980

Title 2ND VICE PRESIDENT
Name CRUDDAS, BRIAN
Address 2500 HARBOR BLVD
City-State-Zip: PORT CHARLOTTE FL 33952

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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: M. SUZANNE ROBERTS

CEO

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name ROBINSON, KATHY
Address 22627 BAYSHORE RD
City-State-Zip: PORT CHARLOTTE FL 33980

Title DIRECTOR
Name AMONTREE, KIM
Address 1133 BAL HARBOR BLVD #1139 PMB 255
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name CARDENAS, DONNA
Address 900 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33953

Title DIRECTOR
Name AMENDOLA, LAURA CFP
Address 18501 MURDOCK CIRCLE
 300
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name WRIGHT-BROWNE, VANCE DR.
Address 22395 EDGEWATER DRIVE
City-State-Zip: PORT CHARLOTTE FL 33980

Title DIRECTOR
Name WALKER, PHYLLIS ESQ.
Address 309 TAMIAMI TRAIL
City-State-Zip: PUNTA GORDA FL 33950