FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAR 10 PM 2: 13

DOC	JMENT	# 75 ⁻	1660

1. Corporation Name

ST. MARTHA'S HOUSING, INC.

Principal	Place	of	Business
1	•		

1576 8TH STREET SARASOTA FL 34236 Mailing Address

P O BOX 1706 SARASOTA FL 34230-1706

I	Andrew barte auer trait auter aten and arter arter arter alfert arten arter

1									
7	Principal Place	ce of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed			
21	ī]		26 03/21/1980						
Г	Sulte, Apt. #,	etc	Suite, Apt.	#, etc.		4. FEI Number	Applied For		
22	<u> </u>		27			59-2121631	Not Applicable		
23	City & State		City & Sta	te		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
24	Zip	Country 25	Zip 29	Cour 30	itry	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	DIVITO, JOSEPH A 4514 CENTRAL AVE ST PETERSBURG, FL				81 Name 82 Street / 83	Address (P.O. Box Number is Not Acceptable)			

33711 84 City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if app	icable (NOTE F	Registered Agent signature (required when reinstalling) DATE		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD	DELETE	1.1 TITLE	[D	[] Change	☐ Addition
NAME	STAMPIGLIA, FAUSTO (REV)		1.2 NAME	O'NEAL, ANNE		
STREET ADDRESS	235 ADELIA AVE/POB 1706		1.3 STREET ADDRESS	613 SOUTH OWL DRIVE		
CITY-ST-ZIP	SARASOTA FL		14 CITY-ST-ZIP	SARASOTA, FL 34236		
TITLE	STD	[] DELETE	21 TITLE		[] Change	☐ Addition
NAME	MURPHY, ANN F.		22 NAME			
STREET ADDRESS	-4642 HIDDEN VIEW-PLACE-		23 STREET ADDRESS	727 HUDSON AVE, APT 311		
CITY-ST-ZIP	SARASOTA FL		2 4 CITY-ST-ZIP			
TITLE	VO	☐ DELETE	31 TITLE	D	☐ Change	☐ Addition
NAME	HAYLETT, JOHN T.		32 NAME	LAVALLEE, SISTER M. ZETTA		
STREET ADDRESS	7300 QUARTER HORSE ROAD			235 SAN MARCO DRIVE		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-ST-ZIP	VENICE, FL 34285		
TITLE	TD	☐ DELETE	41 TITLE	D	☐ Change	Addition
NAME	unnever, John R (ASST)		4. 2 NAME	KUNERTH, ALAN M.		
STREET ADDRESS	5448 DOWNHAM MEADOWS		4 3 STREET ADORESS	4262 CONGREVE PLACE		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL 34241		
TITLE	D	☐ DELETE	51 TITLE		Change	☐ Addition
NAME	ANGELOTTI, RICHARD H		52 NAME			
STREET ADDRESS	386 BOB WHITE DRIVE		53 STREET ADDRESS	40000281	09:04:	5
CITY-ST-ZIP	SARASOTA FL		54 CITY-ST-ZIP	-03/18/99-		
TITLE	D	□ DELETE	61 TITLE	**************************************	C DESIGNATION OF	[∐#Motition]

64 CITY-ST-ZIP 14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

63 STREET ADORESS

SIGNATURE: Lotohavure A

STREET ADDRESS

PICCHI, PATRICIA M. 5041 EAST 82ND WAY

> Ann F. Murphy, Sec. Treas. February 24, 1999 OF SIGNING OFFICER OR DIRECTOR

85 Zip Code