## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000009522

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

1142 29TH ST. SOUTH

10207 OAK FOREST DR.

RIVERVIEW, FL 33569

815 FRANKFORD DR.

BRANDON, FL 33511

() Delete

() Delete

TAMPA, FL 33619

SCHRETT, ROY F

TAGHAP EDDIE

PD

Entity Name: BLESSED SACRAMENT HOUSING, INC.

FILED Jan 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7001 12TH AVE. SOUTH 6801 12TH AVENUE SOUTH TAMPA, FL 336194649 TAMPA, FL 336194649 **Current Mailing Address: New Mailing Address:** 7001 12TH AVE. SOUTH 6801 12TH AVE. SOUTH TAMPA, FL 336194649 TAMPA, FL 336194649 FEI Number: 02-0657184 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIVITO, JOSEPH A ESQ. 4514 CÉNTRAL AVE. ST. PETERSBURG, FL 33711 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 A. DIVITO Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FURTADO, JOSE Name: Name: 7001 12TH AVE. SOUTH Address: Address: City-St-Zip: TAMPA, FL 336194649 City-St-Zip: Title: TD Title: ( ) Delete () Change () Addition CORSETTI, JOSEPH Name: Name: Address: P.O. BOX 40200 Address: City-St-Zip: ST. PETERSBURG, FL 337430200 City-St-Zip: Title: () Delete Title: () Change () Addition PEREIRA, MARIA Name: Name: Address: 1004 COCONUT DR. Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: VPD ( ) Delete WALDROFF, JAMES G Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ROY F. SCHRETT **PRES** 01/04/2005

() Change () Addition

() Change () Addition