

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009522

FILED
Jan 03, 2008
Secretary of State

Entity Name: BLESSED SACRAMENT HOUSING, INC.

Current Principal Place of Business:

6801 12TH AVENUE SOUTH
TAMPA, FL 336194649

New Principal Place of Business:

Current Mailing Address:

6801 12TH AVE. SOUTH
TAMPA, FL 336194649

New Mailing Address:

FEI Number: 02-0657184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A ESQ.
4514 CENTRAL AVE.
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOVANIS, JOEL
Address: 7001 12TH AVE. SOUTH
City-St-Zip: TAMPA, FL 336194649

Title: TD (X) Delete
Name: CORSETTI, JOSEPH
Address: P.O. BOX 40200
City-St-Zip: ST. PETERSBURG, FL 337430200

Title: D () Delete
Name: PEREIRA, MARIA
Address: 1004 COCONUT DR.
City-St-Zip: TAMPA, FL 33619

Title: VPD () Delete
Name: WALDROFF, JAMES G
Address: 1142 29TH ST. SOUTH
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: HERAN, ELVA N
Address: 1227 BRANDA VISTA DRIVE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: NUNEZ, PEDRO
Address: 7519 PARADISE PLACE
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: JOEL KOVANIS

PD

01/03/2008

Electronic Signature of Signing Officer or Director

Date