2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED A	NNUAL
<u>REPORT</u>	

DOCUMENT# 751660

Entity Name: ST. MARTHA'S HOUSING, INC.

Current Principal Place of Business:

1576 8TH STREET SARASOTA, FL 34236

Current Mailing Address:

1576 8TH STREET SARASOTA, FL 34236 US

FEI Number: 59-2121631

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A 4514 CENTRAL AVE N. ST. PETERSBURG, FL 33711 US FILED May 23, 2022 Secretary of State 9820744650CC

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Onicendire			
Title	VP, DIRECTOR	Title	P, DIRECTOR
Name	MCGRUDER, JOHN JR	Name	STAMPIGLIA, REVEREND FAUSTO
Address	1576 8TH STREET	Address	1576 8TH STREET
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34236
Title	T, DIRECTOR	Title	S, DIRECTOR
Name	MCNALLY, MARY P	Name	COLLINS, CLAIRE
Address	1576 8TH STREET	Address	1576 8TH STREET
City-State-Zip:	SARASOTA FL 34236	City-State-Zip:	SARASOTA FL 34236
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR MACAULAY, DEACON PATRICK	Title Name	DIRECTOR ROGGE, JOHN
Name	MACAULAY, DEACON PATRICK 1576 8TH STREET	Name	ROGGE, JOHN 1576 8TH STREET
Name Address	MACAULAY, DEACON PATRICK 1576 8TH STREET	Name Address	ROGGE, JOHN 1576 8TH STREET
Name Address City-State-Zip:	MACAULAY, DEACON PATRICK 1576 8TH STREET SARASOTA FL 34236 DIRECTOR	Name Address City-State-Zip:	ROGGE, JOHN 1576 8TH STREET SARASOTA FL 34236
Name Address City-State-Zip: Title	MACAULAY, DEACON PATRICK 1576 8TH STREET SARASOTA FL 34236	Name Address City-State-Zip: Title	ROGGE, JOHN 1576 8TH STREET SARASOTA FL 34236 DIRECTOR
Name Address City-State-Zip: Title Name	MACAULAY, DEACON PATRICK 1576 8TH STREET SARASOTA FL 34236 DIRECTOR DIBIANCA, ANTHONY 1576 8TH STREET	Name Address City-State-Zip: Title Name	ROGGE, JOHN 1576 8TH STREET SARASOTA FL 34236 DIRECTOR DESTEFANO, JOHN 1576 8TH STREET

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.

PRESIDENT

05/23/2022

Date

Electronic Signature of Signing Officer/Director Detail

Date