

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009522

**FILED**  
**Jan 23, 2014**  
**Secretary of State**  
**CC5340210877**

**Entity Name:** BLESSED SACRAMENT HOUSING, INC.

**Current Principal Place of Business:**

6801 12TH AVENUE SOUTH  
TAMPA, FL 33619-4649

**Current Mailing Address:**

1213 16TH STREET NORTH  
SAINT PETERSBURG, FL 33705

**FEI Number:** 02-0657184

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DIVITO, JOSEPH AESQ.  
4514 CENTRAL 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KAZIMIERZ, DOMEK REV  
Address 7001 12TH AVE. SOUTH  
City-State-Zip: TAMPA FL 33619

Title VP  
Name MURPHY, FRANK V  
Address 1213 16TH STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33705

Title S  
Name WALDROFF, JAMES G  
Address 1142 29TH ST. SOUTH  
City-State-Zip: TAMPA FL 33619

Title T  
Name MURPHY, DAN  
Address 1213 16TH STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33705

*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:** FRANK MURPHY

VPD

01/23/2014

Electronic Signature of Signing Officer/Director Detail

Date