

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009522

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 DUFVA, MARK V
Address 1213 16TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33705

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

Title DIRECTOR
Name D'ANTONIO, JOHN REV
Address 7851 54TH AVE. N.
City-State-Zip: ST. PETERSBURG FL 33709

Title DEACON
Name MORGAN, THOMAS REV
Address 5525 N. HIMES AVE.
City-State-Zip: TAMPA FL 33614

Title DIRECTOR
Name RIFFLE, HENRY REV
Address 8014 STATE RD. 52
City-State-Zip: HUDSON FL 34667

Title DIRECTOR
Name WAL, EDWARD REV
Address 4021 45TH ST. N.
City-State-Zip: ST. PETERSBURG FL 33714

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: JAMES WAYNE

CFO

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date