FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:05

DOCUMENT # 763822 (4)

1. Corporation Name
ST. MICHAEL'S HOUSING, INC.

Principal Place of Business	Mailing Address
28100 US HWY 19 N SUITE 504 CLEARWATER FL 34621	28100 US HWY 19 N SUITE 504 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1982
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2312821 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DIVITO, JOSEPH A
4514 CENTRAL AVE
ST PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☒ Addition
NAME	SOROTA, JOSEPH, JR	1.2 NAME	
STREET ADDRESS	28100 US HWY 19 N #504	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	ZIP: 34621
TITLE	VP	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	FELIKS, ADAM	2.2 NAME	LEWIS, TOM
STREET ADDRESS	2468 NORTHSIDE DR #1004	2.3 STREET ADDRESS	2854 RAMPART CIRCLE
CITY-ST-ZIP	CLEARWATER, FL 00000	2.4 CITY-ST-ZIP	CLEARWATER, FL 34621
TITLE	ATD	3.1 TITLE	☐ Change ☒ Addition
NAME	MALINS-SMITH, CAMILLE	3.2 NAME	
STREET ADDRESS	2303 REPUBLIC DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	ZIP: 34683
TITLE	PD	4.1 TITLE	☐ Change ☒ Addition
NAME	RUSSO, JAMES	4.2 NAME	
STREET ADDRESS	2281 STATE RD 580	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	ZIP: 34623
TITLE	ASD	5.1 TITLE	☒ Change ☐ Addition
NAME	LARSON, SHARON N	5.2 NAME	
STREET ADDRESS	P.O. BOX 2476 N/A	5.3 STREET ADDRESS	2281 State RD 580
CITY-ST-ZIP	DUNEDIN FL 34697	5.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	ATD	6.1 TITLE	☐ Change ☐ Addition
NAME	BETZ, THERESA	6.2 NAME	
STREET ADDRESS	2281 STATE ROAD 580	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph J. Sorota Sec. Joseph J. Sorota, Jr., Sec 1-31-95 813-796-1557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000102