

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763822 (4)
 1. Corporation Name
ST. MICHAEL'S HOUSING, INC.



Principal Place of Business 28100 US HWY 19 N SUITE 504 CLEARWATER FL 34621	Mailing Address 28100 US HWY 19 N SUITE 504 CLEARWATER FL 34621
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3. Date Incorporated or Qualified 06/18/1982	3a. Date of Last Report 02/06/1995
4. FEI Number 59-2312821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2285 SR 580	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Clearwater, FL	28 City & State
24 Zip 34623-1111	25 Country USA
29 Zip	30 Country

9. Name and Address of Current Registered Agent

DIMTO, 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD SOROTA, JOSEPH, JR	<input type="checkbox"/> DELETE
NAME	28100 US HWY 19 N #504	
STREET ADDRESS	CLEARWATER, FL 00000	
CITY - ST - ZIP		
TITLE	VPD LEWIS, TOM	<input type="checkbox"/> DELETE
NAME	2854 RAMPART CIRCLE	
STREET ADDRESS	CLEARWATER FL	
CITY - ST - ZIP		
TITLE	ATD MALINS-SMITH, CAMILLE	<input type="checkbox"/> DELETE
NAME	2303 REPUBLIC DRIVE	
STREET ADDRESS	PALM HARBOR FL	
CITY - ST - ZIP		
TITLE	PD RUSSO, JAMES	<input type="checkbox"/> DELETE
NAME	2281 STATE RD 580	
STREET ADDRESS	CLEARWATER FL	
CITY - ST - ZIP		
TITLE	ASD LARSON, SHARON N	<input type="checkbox"/> DELETE
NAME	2281 STATE RD 580	
STREET ADDRESS	CLEARWATER FL	
CITY - ST - ZIP		
TITLE	ATD BETZ, THERESA	<input type="checkbox"/> DELETE
NAME	2281 STATE ROAD 580	
STREET ADDRESS	CLEARWATER FL 34623	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, Jr.* **Joseph J. SOROTA, JR** 3/28/96 813-796-1557
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E037 (12/95)