## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

763822

(4)

ST. MICHAEL'S HOUSING, INC.

## **FILED** Jan 30 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address					
2285 SR 580		28100 US HWY 19 N						
CLEARWATER FL 34823-1111 US		SUITE 504						
		CLEARWATER FL 34621	CLEARWATER FL 34621-2686		3. Date Incorporated or Qualified	3a. Date of I	ast Report	
					06/18/1982	3a. Date of 1 04/0	2/1996	
2. Principal Pi	ace of Business	2a. Mailing Address	2e. Mailing Address		4. FEI Number		Applied For	
21		26			59-2312821 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	┌ \$8	.75 Additional	
22		27	27		5. Certificate of Status Desired	F	ee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$!	5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Zip Country		8. This corporation has liability for i			
24	25	29	30					
	9. Name and Address of Curr	ent Registered Agent		-1	10. Name and Address of New Re	gistered Agent		
			8	1 Name				
DIVITO, JOSEPH A				82 Street Address (P.O. Box Number is Not Acceptable)				
4514 CE	NTRAL AVE					·		
ST PETE	RSBURG FL 33711		8	3				
·				4 City		85	Zip Code	
			"	T Only		FL 🏻	2.p 0000	
11. Pursuant t	to the provisions of Sections 617.0	502 and 617.1508, Florida Sta	tutes, the abo	ve-named o	corporation submits this statement for the p	urpose of chan	ging its registered	
office or registered agent, or both, in the State of First State of First State of S								
SIGNATURE		<b>3</b>						
SIGNATURE _	Signature, typed or printed name of registeren	agent and title if applicable (N	O1E Registered A	igent signature r	required when reinstating)	DATE		
12.		AND DIRECTORS	13.	у	ADDITIONS/CHANGES TO OFFIC			
TITLE	_		1.1 TITU			ЦC	hange L Addition	
NAME	SOROTA, JOSEPH, JR		1.2 NAM	E [				
STREET ADDRESS			1.3 STRE	ET ADDRESS				
CITY-ST-ZIP			1.4 C(TY	- ST- ZIP				
TITLE			2.1 TITLE	:			hange L Addition	
NAME	LEWIS, TOM		2.2 NAM	E				
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		2. 4 CIT1	/-ST-7IP				
TITLE	ATD DELETE 3.1		3.1 T/TL			□ c	hange	
NAME	ATTACANA ASSESSED ASSESSED		3.2 NAM	E				
STREET ADDRESS	2303 REPUBLIC DRIVE		3 3 STRI	ET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL		3.4. C/T1	r-ST-ZIP				
TITLE	PD □ DELETE 411		4 1 TITL	E .		C	hange	
NAME	RUSSO, JAMES	, JAMES 4.2		4E				
STREET ADDRESS	2281 STATE RD 580		4.3 STR	TT ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY	- ST-ZIP				
TITLE	ASD	DELETE	5.1 TITU	Ε		□ c	hange Addition	
NAME	LARSON, SHARON N		5.2 NAM	ε [				
STREET ADDRESS	2281 STATE RD 580		5.3 STRI	E1 ADDRESS				
CITY-ST-ZIP	CLEARWATER FL			- ST- ZIP				
TITLE	ATD	DELETE	6.1 TITL	Ε -		□ c	hange Addition	
NAME	BETZ, THERESA		6.2 NAM	1E				
STREET ADDRESS	2281 STATE ROAD 580			ET ADDRESS				
CITY+\$T-ZIP	CLEARWATER FL 34623			- S1 - ZIP				
44 1 de harel		to durith this filing slage not as			teted in Section 119 07(3)(i) Florida Statute	e I further certi	fy that the	

I do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 6) an attachment with an address.

## ADDITIONAL DIRECTORS FOR ST. MICHAEL'S HOUSING, INC.

D Hillery D. Spain 2284 Philippine Pk #71 Clearwater, FL 34623