

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90149 047 ****61.25

0054816

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763822

1. Corporation Name

ST. MICHAEL'S HOUSING, INC.

Principal Place of Business

2285 SR 580
CLEARWATER FL 34623-1111
US

Mailing Address

28100 US HWY 19 N
SUITE 504
CLEARWATER FL 33761



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

33761

30

9. Name and Address of Current Registered Agent

DIVITO, JOSEPH A
4514 CENTRAL AVE
ST PETERSBURG FL 33711

3. Date Incorporated or Qualified

06/18/1982

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☐ DELETE
NAME **SOROTA, JOSEPH, JR**
STREET ADDRESS **28100 US HWY 19 N #504**
CITY-ST-ZIP **CLEARWATER, FL 00000**

TITLE **VPD** ☐ DELETE
NAME **LEWIS, TOM**
STREET ADDRESS **2854 RAMPART CIRCLE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **ATD** ☐ DELETE
NAME **MALINS-SMITH, CAMILLE**
STREET ADDRESS **2303 REPUBLIC DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **PD** ☐ DELETE
NAME **COOKE, COLMAN**
STREET ADDRESS **2281 STATE RD 580**
CITY-ST-ZIP **CLEARWATER FL 34623**

TITLE **ASD** ☐ DELETE
NAME **LARSON, SHARON N**
STREET ADDRESS **2281 STATE RD 580**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **ATD** ☒ DELETE
NAME **SPAIN, HILLERY D**
STREET ADDRESS **2284 PHILIPPINE PARK #71**
CITY-ST-ZIP **CLEARWATER FL 34623**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

ASD

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

AT

Sharron Bauer

2203 Stacy Ct. S.

Palm Harbor, FL 34683

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)