


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 763822 1. Entity Name ST. MICHAEL'S HOUSING, INC.	
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Principal Place of Business 2285 SR 580 CLEARWATER, FL 33763-1111 US	Mailing Address 28100 US HWY 19 N SUITE 504 CLEARWATER, FL 33761-2686
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2312821	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DIVITO, JOSEPH A
4514 CENTRAL AVE
ST PETERSBURG, FL 33711

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000078952
03/08/04-80047-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOROTA, JOSEPH, JR 28100 US HWY 19 N #504 CLEARWATER, FL 337612686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALINS-SMITH, CAMILLE 2303 REPUBLIC DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOKE, COLMAN 2281 STATE RD 580 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LARSON, SHARON N 2281 STATE RD 580 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BAUER, SHARRON 2203 STACY CT S PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD RIDENOUR, NANCY 2919 WICOMBE WAY PALM HARBOR, FL 34685

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-29-04** **727 796 1557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Joseph Sorota** Date Daytime Phone #