


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90166 035 ****61.25

DOCUMENT # 763822 1. Entity Name ST. MICHAEL'S HOUSING, INC.					
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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIVITO, JOSEPH A 4514 CENTRAL AVE ST PETERSBURG, FL 33711				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right; text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOROTA, JOSEPH, JR		NAME		
STREET ADDRESS	28100 US HWY 19 N #504		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 337612686		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MALINS-SMITH, CAMILLE		NAME	D Gerald Fassnacht	
STREET ADDRESS	2303 REPUBLIC DRIVE		STREET ADDRESS	1009 Roundstone Place	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOKE, COLMAN		NAME		
STREET ADDRESS	2281 STATE RD 580		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP		
TITLE	ASD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LARSON, SHARON N		NAME	Carol Donadio	
STREET ADDRESS	2281 STATE RD 580		STREET ADDRESS	2281 State Road 580	
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP	clearwater FL 33763	
TITLE	ATD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUER, SHARRON		NAME	Bauer, Sharron	
STREET ADDRESS	2203 STACY CT S		STREET ADDRESS	2215 Toniwood Lane	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	ATD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDENOUR, NANCY		NAME		
STREET ADDRESS	2919 WICOMBE WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP		
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: <i>Joseph J. Sorota Jr.</i> Secretary 4/26/05 727 746-1557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Joseph J. Sorota Jr.