

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90045 010 \*\*\*\*61.25

<b>DOCUMENT # 763822</b> 1. Entity Name <b>ST. MICHAEL'S HOUSING, INC.</b>																																																																																																																																																					
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 - No P.O. Box #			3. Mailing Address																																																																																																																																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
Zip		Country		Zip																																																																																																																																																	
Country		Country		4. FEI Number <b>59-2312821</b>																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>DIVITO, JOSEPH A</b> <b>4514 CENTRAL AVE</b> <b>ST PETERSBURG, FL 33711</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 renewing)</small>																																																																																																																																																					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																																																																																																																																																					
<b>SIGNATURE:</b> <u>Joseph Sorota Jr.</u> <b>02-12-07</b> <b>727-796-1557</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					

