

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763822

FILED
Feb 10, 2009
Secretary of State

Entity Name: ST. MICHAEL'S HOUSING, INC.

Current Principal Place of Business:

2285 SR 580
CLEARWATER, FL 337631111 US

New Principal Place of Business:

Current Mailing Address:

29750 US HWY 19 NO
STE. 200
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-2312821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ASD () Delete
Name: PFISTER, HOLLY
Address: 2281 SR 580
City-St-Zip: CLEARWATER, FL 33763

Title: VD () Delete
Name: MALINS-SMITH, CAMILLE
Address: 195 CLUBVIEW DR
City-St-Zip: PALM HARBOR, FL 34685

Title: PD () Delete
Name: COOKE, COLMAN
Address: 2281 STATE RD 580
City-St-Zip: CLEARWATER, FL 33763

Title: ASD () Delete
Name: FASSNACHT, GERALD
Address: 1009 ROUNDSTONE PLACE
City-St-Zip: PALM HARBOR, FL 34683

Title: STD () Delete
Name: SOROTA, JOSEPH JR
Address: 23750 US HIGHWAY 19 NO #200
City-St-Zip: CLEARWATER, FL 33761

Title: ATD () Delete
Name: RIDENOUR, NANCY
Address: 2919 WICOMBE WAY
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SIROTA

STD

02/10/2009

Electronic Signature of Signing Officer or Director

Date