

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N00000000227

1. Entity Name
ST. MARK'S HOUSING OF VENICE, INC.



Principal Place of Business
1030ALBEE FARM RD.
VENICE, FL 34292

Mailing Address
1000 PINEBROOK RD.
VENICE, FL 34292

DO NOT WRITE IN THIS SPACE



01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0973313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

DIVITO, JOSEPH A ESQ.
%DIVITO & HIGHAM, P.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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000078959
03/08/04-80047-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROSELLA, JEROME A P.O. BOX 2006 VENICE, FL 342842006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, ROBERT 310 SARASOTA ST. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUER, JOHN G P.O. BOX 2006 VENICE, FL 342842006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSTER, CATHERINE N P.O. BOX 2006 VENICE, FL 342842006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNORS, MICHAEL 222 LAUREL HOLLOW RD. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, GEORGE 1236 PINEBROOK WAY VENICE, FL 34292

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04 (941) 484-9543
Date Daytime Phone #