

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 AUG -4 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N00000000227			
1. Entity Name ST. MARK'S HOUSING OF VENICE, INC.			
Principal Place of Business 1030 ALBEE FARM RD. VENICE, FL 34292		Mailing Address 1030 ALBEE FARM RD. VENICE, FL 34292	
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
4. FEI Number 65-0973313		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIVITO, JOSEPH A. ESQ. %DIVITO & HIGHAM, P.A., 4514 CENTRAL AVE. ST. PETERSBURG, FL 33711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMERYK, DR. VOLODYMYR 1000 PINEBROOK ROAD VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400134457354 08/14/08--01007--003 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, BRAD 4183 HIBISCUS ROAD VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICIANNI, LINDA GRACE 341 OAKWOOD CIRCLE ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <del>Joanne McAleney</del> <del>1000 Pinebrook Road</del> <del>Venice, FL 34285</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSTER, CATHERINE N 420 BEACH ROAD SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Deborah Hancock 1000 Pinebrook Rd Venice FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, DENNIS 1000 PINEBROOK ROAD VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <del>Clynda White</del> <del>P.O. Box 2006</del> <del>Venice, FL 34284-2006</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Richard Vannucci <del>1000 Pinebrook Rd</del> Venice FL 34285
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.			
SIGNATURE:		7-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

AUG -5 2008