

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N00000000229

1. Entity Name
BLESSED TRINITY HOUSING, INC.



Principal Place of Business
**1600-54TH AVE., SOUTH
ST. PETERSBURG, FL 33712-4999**

Mailing Address
**1600-54TH AVE., SOUTH
ST. PETERSBURG, FL 33712-4999**



02082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617977

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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**

U000000078955
03/08/04-80047-012 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DECHERING, ANTON
1600-54TH AVE., SOUTH
ST. PETERSBURG, FL 337124999**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CORSETTI, JOSEPH
P.O. BOX 40200
ST. PETERSBURG, FL 337430200**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENTO, RON
2511 66TH TERR. SO.
ST. PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CISEK, MARILYN
3123 39TH ST., SOUTH, APT. B
ST. PETERSBURG, FL 33711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COX, TERRY
4800 26TH CT., SOUTH
ST. PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASAT
HUFF, CAROLE
5130 BRITTANY DR., #807
ST. PETERSBURG, FL 33715**

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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)(f), 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: *Anton Dechering*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2004 *727-867-3663*
Date Daytime Phone #

ANTON DECHERING, PRESIDENT