2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008474

Entity Name: ST. VINCENT DEPAUL HOUSING, INC.

FILED Apr 15, 2009 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	M BEACH BL\ ERS, FL 33905				
Current Mailing Address:			New Maili	ng Address:	
	M BEACH BL\ ERS, FL 33905				
FEI Number:	22-3849272	FEI Number Applied For () FEI	Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
DIVITO & H 4514 CEN	OSEPH A ESQ HIGHAM, P.A. TRAL AVE. RSBURG, FL	33711 US			
The above in the State		submits this statement for the purpos	se of changing i	its registered office or registered agent, or both,	
SIGNATUR					
	Electron	ic Signature of Registered Agent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SMERYK, VOLO 1000 PINEBRO VENICE, FL 34	OK ROAD	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition SMERYK, VOLODYMYR DR. 1000 PINEBROOK ROAD VENICE, FL 34285	
Title: Name: Address: City-St-Zip:	VPD () REIGLE, DAVID 13031 PALM BE FT. MYERS, FL	EACH BLVD.	Title: Name: Address: City-St-Zip:	AST (X) Change () Addition REIGLE, DAVID C 13031 PALM BEACH BLVD. FT. MYERS, FL 33905	
Title: Name: Address: City-St-Zip:	SD () BUSTER, CATH 420 BEACH RD SARASOTA, FL		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition BUSTER, CATHERINE SISTER 420 BEACH RD SARASOTA, FL 342421980	
Title: Name: Address: City-St-Zip:	VP () O'BRIEN, NINA 9630 #7 VILLA FT. MYERS, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () RODRIGUEZ, M 4620 BLACKBE FT MYERS, FL	RRY DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () RODRIGUEZ, P 4620 BLACKBE FT. MYERS, FL	RRY DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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 A. DIVITO, ESQ RA 04/15/2009