## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009522

Entity Name: BLESSED SACRAMENT HOUSING, INC.

FILED Feb 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6801 12TH AVENUE SOUTH TAMPA, FL 336194649

**Current Mailing Address: New Mailing Address:** 

6801 12TH AVE. SOUTH TAMPA, FL 336194649

FEI Number: 02-0657184 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIVITO, JOSEPH A ESQ. 4514 CÉNTRAL AVE.

ST. PETERSBURG, FL 33711 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition KOVANIS, JOEL Name: Name:

7001 12TH AVE. SOUTH Address: Address: City-St-Zip: TAMPA, FL 336194649 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition PEREIRA, MARIA Name: MURPHY, FRANK V Name:

Address: 1004 COCONUT DR. Address: 1213 16TH STREET NORTH City-St-Zip: TAMPA, FL 33619 City-St-Zip: ST PETERSBURG, FL 33705

Title: VPD () Delete Title: (X) Change ( ) Addition WALDROFF, JAMES G WALDROFF, JAMES G Name: Name:

1142 29TH ST. SOUTH 1142 29TH ST. SOUTH Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619

Title: ( ) Delete Title: (X) Change ( ) Addition

WARD, PAUL Name: HERAN, ELVA N Name: 1227 BRANDA VISTA DRIVE 6363 NINTH AVE NORTH Address: Address: City-St-Zip: BRANDON, FL 33510 City-St-Zip: ST PETERSBURG, FL 33510

Title: Title: (X) Delete () Change () Addition

NUNEZ, PEDRO Name: Name: 7519 PARADISE PLACE Address: Address: City-St-Zip: TAMPA, FL 33619 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: FRANK V MURPHY VP 02/10/2009