

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02422

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: ST. CHARLES HOUSING, INC.

## Current Principal Place of Business:

2550 NE EASY ST.  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

2550 EASY STREET  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

2550 NE EASY ST.  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

2550 EASY STREET  
PORT CHARLOTTE, FL 33952

FEI Number: 59-2723689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIVITO, JOSEPH A ESQ  
4514 CENTRAL AVE  
ST PETERSBURG, FL 33711 US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: HORNER, MICHAEL I  
Address: 222 NESBIT STREET  
City-St-Zip: PUNTA GORDA, FL

Title: D ( ) Delete  
Name: SAMSON, ROSEANN  
Address: 1239 PRICE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL

Title: D ( ) Delete  
Name: LUDDEN, JOHN FATHER  
Address: 21505 AUGUSTA AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DV ( ) Delete  
Name: BECKER, OLIVIA  
Address: 2347 LAKESHORE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL

Title: ST (X) Delete  
Name: CASTERLINE, DON  
Address: 2511 IVANHOE ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SAMSON, ROSEANN K  
Address: 1239 PRICE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ST (X) Change ( ) Addition  
Name: CASTERLINE, DON  
Address: 2511 IVANHOE STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP (X) Change ( ) Addition  
Name: BECKER, OLIVIA  
Address: 2347 LAKESHORE CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JOSEPH A. DIVITO, ESQ

RA

04/15/2009

Electronic Signature of Signing Officer or Director

Date