

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90233 016 ****70.00

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1. Entity Name
 ST. AGNES HOUSING CORPORATION



Principal Place of Business
 2031 NW 4TH COURT
 MIAMI, FL 33127

Mailing Address
 2031 NW 4TH COURT
 MIAMI, FL 33127

60001985



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0812234	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LITTLE, JOHN
 LEGAL-SERVICES OF GREATER MIAMI
 3000 BISCAYNE BLVD., SUITE 500
 MIAMI, FL 33137

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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, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEPBURN, ARNETTE
STREET ADDRESS	1750 N W 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33136

TITLE	D
NAME	MATHIS, MALVERN
STREET ADDRESS	1750 N W 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33136

TITLE	D
NAME	SANDERS, JANIS
STREET ADDRESS	1750 N W 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33136

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *J. Mathis Malvern*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06
Date

305-573-6885
Daytime Phone #