


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000006718
 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
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0812234	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

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

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/14/07** Daytime Phone #: **305 523-6985**