

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90219 017 \*\*\*\*70.00

<b>DOCUMENT # N03000006718</b>					
<b>1. Entity Name</b> ST. AGNES HOUSING CORPORATION					
<b>Principal Place of Business</b> 2043 NW 4TH COURT MIAMI, FL 33127			<b>Mailing Address</b> 2043 NW 4TH COURT MIAMI, FL 33127		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03032008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 01-0812234				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LITTLE, JOHN LEGAL SERVICES OF GREATER MIAMI 3000 BISCAYNE BLVD., SUITE 500 MIAMI, FL 33137			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DT <b>NAME</b> HEPBURN, ARNETT <b>STREET ADDRESS</b> 1750 NW 3RD AVE. 131 N.W. 104 STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33136 33150	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> LIONEL FERGUSON <b>STREET ADDRESS</b> 1115 N.W. 50 STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DBM <b>NAME</b> MATHIS, MALVERN <b>STREET ADDRESS</b> 1750 NW 3RD AVE. 3321 N.W. 207 STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33136 33056	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ROBERT MCKINNEY, ESQ. <b>STREET ADDRESS</b> 370 N.W. 14 TERRACE <b>CITY-ST-ZIP</b> MIAMI, FL 33136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DBM <b>NAME</b> SANDERS, JANIS <b>STREET ADDRESS</b> 1750 NW 3RD AVE. 17120 N.W. 16 AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33136 33169	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S <b>NAME</b> CLEAR, CAROLYN <b>STREET ADDRESS</b> 15620 NW 28TH PLACE <b>CITY-ST-ZIP</b> MIAMI, FL 33054	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> V <b>NAME</b> DAVIS, ELSTON <b>STREET ADDRESS</b> 3261 NORTHWEST 43RD TERRANCE <b>CITY-ST-ZIP</b> MIAMI, FL 33142	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> BM <b>NAME</b> DAVIS, GEORGE <b>STREET ADDRESS</b> 3050 NORTHWEST 70TH TERRACE <b>CITY-ST-ZIP</b> MIAMI, FL 33147	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Lucille Rich</u> <u>Director</u> <u>4/28/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					