


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N03000006718					
1. Entity Name ST. AGNES HOUSING CORPORATION					
Principal Place of Business 2043 NW 4TH COURT MIAMI, FL 33127			Mailing Address 2043 NW 4TH COURT MIAMI, FL 33127		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
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	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEPBURN, ARNETT			NAME	LIONEL FERGUSON
STREET ADDRESS	1750 NW 3RD AVE. 131 N.W. 104 STREET			STREET ADDRESS	1115 N.W. 50 STREET
CITY-ST-ZIP	MIAMI, FL 33136 33150			CITY-ST-ZIP	MIAMI, FL 33127
TITLE	DBM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHIS, MALVERN			NAME	ROBERT MCKINNEY, Esq.
STREET ADDRESS	1750 NW 3RD AVE. 3321 N.W. 207 STREET			STREET ADDRESS	370 N.W. 14 TERRACE
CITY-ST-ZIP	MIAMI, FL 33136 33056			CITY-ST-ZIP	MIAMI, FL 33136
TITLE	DBM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, JANIS			NAME	
STREET ADDRESS	1750 NW 3RD AVE. 17120 N.W. 16 AVENUE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33136 33169			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEAR, CAROLYN			NAME	
STREET ADDRESS	15620 NW 28TH PLACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33054			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ELSTON			NAME	
STREET ADDRESS	3261 NORTHWEST 43RD TERRANCE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP	
TITLE	BM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GEORGE			NAME	
STREET ADDRESS	3050 NORTHWEST 70TH TERRACE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33147			CITY-ST-ZIP	
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: <u>Lucille Rich Director</u>				Date: <u>4/28/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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4. FEI Number 01-0812234 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required