

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90038 016 ****61.25

DOCUMENT # N04000002018 1. Entity Name CATHOLIC RETIREMENT HOUSING, INC.					
Principal Place of Business 721-83RD AVENUE NORTH, #205 ST. PETERSBURG, FL 33702				Mailing Address 721-83RD AVENUE NORTH, #205 ST. PETERSBURG, FL 33702	
2. Principal Place of Business		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 PATTERSON, GEORGE L 721-83RD AVENUE NORTH, #205 ST. PETERSBURG, FL 33702				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	George L. Patterson		NAME		
STREET ADDRESS	721-83rd Avenue North #205		STREET ADDRESS		
CITY-ST-ZIP	St. Petersburg, FL 33702		CITY-ST-ZIP		
TITLE	Vice-President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Steve B. Zientek		NAME		
STREET ADDRESS	6363 Ninth Avenue North		STREET ADDRESS		
CITY-ST-ZIP	St. Petersburg, FL 33743		CITY-ST-ZIP		
TITLE	Secretary <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Pamela J. Lambert		NAME		
STREET ADDRESS	157-A Pompano Drive #157A		STREET ADDRESS		
CITY-ST-ZIP	St. Petersburg, FL 33705		CITY-ST-ZIP		
TITLE	Director <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Mary R. Patterson		NAME		
STREET ADDRESS	721-83rd Avenue North #205		STREET ADDRESS		
CITY-ST-ZIP	St. Petersburg, FL 33702		CITY-ST-ZIP		
TITLE	Director <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Terance M. Bell		NAME		
STREET ADDRESS	1599 Victoria Avenue		STREET ADDRESS		
CITY-ST-ZIP	Lakewood, OH 44107		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			727-776-5955 George L. Patterson March 1, 2005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		