


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90013 030 ****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	4. FEI Number 32-0111928	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATTERSON, GEORGE L 721-83RD AVENUE NORTH, #205 ST. PETERSBURG, FL 33702				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P PATTERSON, GEORGE L 721-83RD AVENUE NORTH #205 SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIENTEK, STEVE B 6363 NINTH AVENUE NORTH SAINT PETERSBURG, FL 33743 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMBERT, PAMELA J 157-A POMPANO DRIVE #157A SAINT PETERSBURG, FL 33705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2578 66th Terrace South St. Petersburg, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, MARY R 721-83RD AVENUE NORTH #205 SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alice M. Roberts 9878 Lake Seminole Drive West Largo, FL 33773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, TERANCE M 1599 VICTORIA AVENUE LAKEWOOD, OH 44107 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mary L. Hutchins 6790 Monaco Pinellas Park, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			George L. Patterson 03/06/2006 727-776-5955		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		