## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## DOCUMENT # N04000002018 FILED CATHOLIC RETIREMENT HOUSING, INC. 07 JAN 19 PM 2:39 Mailing Address Principal Place of Business Contribute OF STATE 721-83RD AVENUE NORTH, #205 721-83RD AVENUE NORTH, #205 TALL ARASSEE, FLORIDA ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 32-0111928 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATTERSON, GEORGE L Street Address (P.O. Box Number is Not Acceptable) 721-83RD AVENUE NORTH, #205 ST. PETERSBURG, FL 33702 City 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 Signsture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition PATTERSON, GEORGE L NAME NAME 721-83RD AVENUE NORTH #205 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33702 CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete IMF ☐ Addition 11/22 NAME ZIENTEK, STEVE B NAME 6363 NINTH AVENUE NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33743 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE ☐ Change ☐ Addition LAMBERT, PAMELA J NAME NAME 157-A POMPANO DRIVE #157A STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL. 33705 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition 500086141205 01/24/07--01035--020 \*\*61. PATTERSON, MARY R NAME NAME STREET ADDRESS 721-83RD AVENUE NORTH #205 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33702 CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME BELL, TERANCE M NAME STREET ADDRESS 1599 VICTORIA AVENUE STREET ADDRESS LAKEWOOD, OH 44107 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE MALKE NAME STREET ADDRESS STREET ADDRESS 33705 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 to the latter of the changed.

INTED HAIRE OF BIGNING OFFICER OR DIRECTOR