

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011222

FILED
Apr 21, 2008
Secretary of State

Entity Name: ST. LAWRENCE HOUSING, INC.

Current Principal Place of Business:

5225 N HIMES AVE
TAMPA, FL 336146623

New Principal Place of Business:

4815 N. MACDILL AVE.
TAMPA, FL 33614

Current Mailing Address:

5225 N HIMES AVE
TAMPA, FL 336146623

New Mailing Address:

4815 N. MACDILL AVE.
TAMPA, FL 33614

FEI Number: 51-0530417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A ESQ
DIVITO & HIGHAM, P.A.
4514 CENTRAL AVE
ST PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIGGINS, LAURENCE E
Address: 5225 N HIMES AVE
City-St-Zip: TAMPA, FL 336146623

Title: TD () Delete
Name: CORSETTI, JOSEPH
Address: PO BOX 40200
City-St-Zip: ST PETERSBURG, FL 337430200

Title: VPD () Delete
Name: NORIEGA, FERNANDO
Address: 3122 W LEROY STREET
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: CALDEVILLA, RICHARD
Address: 10411 CARROLL COVE PLACE
City-St-Zip: TAMPA, FL 33612

Title: ASD () Delete
Name: BALDOR, CARLOS JR
Address: 10312 GREEHHEDGES DR
City-St-Zip: TAMPA, FL 33629

Title: ATD () Delete
Name: BERLIN, MARIA
Address: 17508 DRAKE COURT
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WARD, PAUL
Address: PO BOX 40200
City-St-Zip: ST PETERSBURG, FL 337430200

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. HARLOW

PM

04/21/2008

Electronic Signature of Signing Officer or Director

Date