# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2007**
**Secretary of State**

DOCUMENT# N06000012544

**Entity Name:** ST. CLEMENT HOUSING, INC.

**Current Principal Place of Business:**

1104 NORTH ALEXANDER STREET
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

1104 NORTH ALEXANDER STREET
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number: 02-0797645** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DIVITO, JOSEPH A ESQUIRE
DIVITO & HIGHAM, P.A.
4514 CENTRAL AVENUE
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: | D | ( ) Delete |
| Name: | MORGAN, THOMAS REV | |
| Address: | 1104 NORTH ALEXANDER STREET | |
| City-St-Zip: | PLANT CITY, FL 33563 | |
| Title: | D | ( ) Delete |
| Name: | CORSETTI, JOSEPH | |
| Address: | PO BOX 40200 | |
| City-St-Zip: | ST PETERSBURG, FL 337430200 | |
| Title: | D | ( ) Delete |
| Name: | MURPHY, FRANK | |
| Address: | 1213 16TH STREET NORTH | |
| City-St-Zip: | ST PETERSBURG, FL 33705 | |
| Title: | D | ( ) Delete |
| Name: | TAGLIARINI, MARGARET | |
| Address: | 2910 FRITZKE ROAD | |
| City-St-Zip: | DOVER, FL 335273439 | |
| Title: | D | ( ) Delete |
| Name: | KOVANIS, JOEL REV. | |
| Address: | 7001 12TH AVENUE SOUTH | |
| City-St-Zip: | TAMPA, FL 336194649 | |
| Title: | D | ( ) Delete |
| Name: | KOLHOFF, RICHARD | |
| Address: | PO BOX 40200 | |
| City-St-Zip: | ST PETERSBURG, FL 337430200 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| 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: | D | (X) Change ( ) Addition |
| Name: | BYRD, JOHNNIE | |
| Address: | 2835 HAMMOCK DRIVE | |
| City-St-Zip: | PLANT CITY, FL 33563 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | EDWARDDS, CHRIS | |
| Address: | 5108 SHIELDS LANE | |
| City-St-Zip: | PLANT CITY, FL 33566 | |
| Title: | D | (X) Change ( ) Addition |
| Name: | LAWSON, LINDA | |
| Address: | 712 E. ALSOBROOK STREET SUITE 9 | |
| City-St-Zip: | PLANT CITY, FL 337430200 | |

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES J. WAYNE CFO 04/16/2007

Electronic Signature of Signing Officer or Director — Date