FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR 16 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50083 (7)

1. Corporation Name
ST. CHARLES HOUSING II, INC.

Principal Place of Business	Mailing Address
2550 EASY STRET PORT CHARLOTTE FL 33952	2550 EASY STRET PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1992
3a. Date of Last Report: 03/30/1994
4. FEI Number: 65-0352664 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEPHENS, J. LYNN 4865 ABADAN STREET NORTH PORT FL 34287	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	STEPHENS, LYNN	1.2 NAME	MARRAPODI, GREGG
STREET ADDRESS	4865 ABADAN STREET	1.3 STREET ADDRESS	15121 GULISTAN AVENUE
CITY-ST-ZIP	NORTH PORT FL 34287	1.4 CITY-ST-ZIP	PUNTA GORDA FL 33953
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SAMSON, ROSEANN K.	2.2 NAME	
STREET ADDRESS	1239 PRICE CIRCLE N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCLOUGHLIN, NICHOLAS	3.2 NAME	
STREET ADDRESS	21505 AUGUSTA AVENUE S-4	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BECKER, OLIVIA	4.2 NAME	
STREET ADDRESS	826 N. LAKESHORE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DOSTER, BETTY	5.2 NAME	
STREET ADDRESS	14399 MADDOCK AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HORNER, MICHAEL J.	6.2 NAME	
STREET ADDRESS	222 NESBIT STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33951	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Lynn Stephens President — 1-17-95 — 426-8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061245