


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90070 042 \*\*\*\*61.25

<b>DOCUMENT # N50083</b> 1. Entity Name <b>ST. CHARLES HOUSING II, INC.</b>					
Principal Place of Business <b>22250 VICK STREET PORT CHARLOTTE, FL 33980 US</b>			Mailing Address <b>22250 VICK STREET PORT CHARLOTTE, FL 33980 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03282005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>65-0352664</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOSEPH DIVITO, ESQ. DIVITO &amp; HIGHAM, P.A. 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEPHENS, LYNN</b> <b>4865 ABADAN ST</b> <b>NORTH PORT, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FATHER John Ludden</b> <b>21505 Augusta Ave</b> <b>Port Charlotte, FL 33952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAMSON, ROSEANN K.</b> <b>1239 PRICE CIRCLE N.W.</b> <b>PORT CHARLOTTE, FL</b>	<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	<b>D</b> <b>BECKER, OLIVIA</b> <b>2347 LAKESHORE CIRCLE</b> <b>PORT CHARLOTTE, FL 33952</b>	<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	<b>D</b> <b>SUBASIC, EDITH</b> <b>1025 SISTINA ST</b> <b>PORT CHARLOTTE, FL 33952</b>	<input checked="" 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	<b>D</b> <b>BALA, BRENDA</b> <b>18501 MURDOCK CIR, SUITE 303</b> <b>PORT CHARLOTTE, FL</b>	<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	<b>PD</b> <b>HORNER, MICHAEL J.</b> <b>222 NESBIT STREET</b> <b>PUNTA GORDA, FL</b>	<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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Michael J. Horner</i> <b>MICHAEL J. HORNER</b>			Date: <i>4/15/05</i>		Daytime Phone #: <i>941-639-2146</i>