

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90320 004 ****61.25

DOCUMENT # N50083 1. Entity Name ST. CHARLES HOUSING II, INC.																																																																																																													
Principal Place of Business 22250 VICK STREET PORT CHARLOTTE, FL 33980 US			Mailing Address 22250 VICK STREET PORT CHARLOTTE, FL 33980 US																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																											
City & State		City & State		4. FEI Number 65-0352664																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																									
6. Name and Address of Current Registered Agent JOSEPH DIVITO, ESQ. DIVITO & HIGHAM, P.A. 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																									
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.				Applied For <input type="checkbox"/> Not Applicable																																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																									
Make check payable to: Florida Department of State																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">LUDDEN, JOHN FATHER</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">21505 AUGUSTA AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PORT CHARLOTTE, FL 33952</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SAMSON, ROSEANN K.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1239 PRICE CIRCLE N.W.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PORT CHARLOTTE, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">BECKER, OLIVIA</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2347 LAKESHORE CIRCLE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PORT CHARLOTTE, FL 33952</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">CUSTERLINE, DON</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2511 EVANHOE ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PORT CHARLOTTE, FL 33952</td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">HORNER, MICHAEL J.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">222 NESBIT STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PUNTA GORDA, FL</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	LUDDEN, JOHN FATHER		STREET ADDRESS	21505 AUGUSTA AVE		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		TITLE	D	<input type="checkbox"/> Delete	NAME	SAMSON, ROSEANN K.		STREET ADDRESS	1239 PRICE CIRCLE N.W.		CITY-ST-ZIP	PORT CHARLOTTE, FL		TITLE	D	<input type="checkbox"/> Delete	NAME	BECKER, OLIVIA		STREET ADDRESS	2347 LAKESHORE CIRCLE		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		TITLE	D	<input type="checkbox"/> Delete	NAME	CUSTERLINE, DON		STREET ADDRESS	2511 EVANHOE ST		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		TITLE	PD	<input type="checkbox"/> Delete	NAME	HORNER, MICHAEL J.		STREET ADDRESS	222 NESBIT STREET		CITY-ST-ZIP	PUNTA GORDA, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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, with all other like empowered.																																																																																																													
SIGNATURE: <u>Michael J. Horner</u> MICHAEL J. HORNER 4/24/08																																																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																													