2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007
Secretary of State

DOCUMENT# N93000000390

Entity Name: HOLY CROSS HOUSING, INC.

Current Principal Place of Business:

7851 54TH AVENUE NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

7851 54TH AVENUE NORTH
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-3149062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIVITO, JOSEPH 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: VPD ( ) Delete
Name: L'EON, SARAH
Address: 610 PLUM ST SO
City-St-Zip: ST PETERSBURG, FL 33707

Title: PD ( ) Delete
Name: THOMAS, ANATASIA
Address: 7851 54TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: DT ( ) Delete
Name: CORSETTI, JOSEPH
Address: 6363 9TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VPD ( ) Delete
Name: LANG, JOSEPH
Address: 4173 35TH ST N
City-St-Zip: ST. PETERSBURG, FL

Title: VPD ( ) Delete
Name: BESEL, PAUL
Address: 5145 101 ST N
City-St-Zip: ST. PETERSBURG, FL

Title: SD ( ) Delete
Name: TIGHE, REGINA
Address: 6188 80TH ST NO SUITE 310
City-St-Zip: ST PETERSBURG, FL 33709

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: ( ) 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 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 CONT 01/31/2007
Electronic Signature of Signing Officer or Director — Date