

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000540

FILED
Feb 10, 2009
Secretary of State

Entity Name: ST. PATRICK'S HOUSING CORPORATION

Current Principal Place of Business:

4516 S. MANHATTAN AVE.
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

C/O ALBERT SALEM
PO BOX 18607
TAMPA, FL 33679 US

New Mailing Address:

1213 16TH STREET NORTH
ST PETERSBURG, FL 33705

FEI Number: 59-3169557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A
DIVITO & HIGHAM, P.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: P () Delete
Name: MIGLIORE, ANGELUS
Address: 4212 FAIR OAKS AVE
City-St-Zip: TAMPA, FL 33611

Title: VP () Delete
Name: MURPHY, FRANK
Address: 1213 16 TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: S () Delete
Name: BRUNO, FRANCIS
Address: 4518 MANHATTAN AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: T () Delete
Name: WARD, PAUL JR
Address: 6363 9TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

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:

I hereby certify that the information supplied with this filing does not qualify 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: FRANK V MURPHY

VP

02/10/2009

Electronic Signature of Signing Officer or Director

Date