2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# N93000003205

Entity Name: CATHOLIC CHARITIES HOUSING, INC.

Current Principal Place of Business:

1213 16TH ST NORTH
SAINT PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1213 16TH ST NORTH
SAINT PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3201112 **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, PA
4514 CENTRAL AVENUE
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: SD ( ) Delete
Name: FORBES, JEFFORY
Address: 1213 16TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VD ( ) Delete
Name: DUFEK, JOHN
Address: 1213 16TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: PD ( ) Delete
Name: BURKE, KENNETH
Address: 1213 16TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TD ( ) Delete
Name: SELVEY, JAMES
Address: 1213 16TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURKE, KENNETH
Address: 1213 16TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: V (X) Change ( ) Addition
Name: DUFEK, JOHN
Address: 1213 16TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T (X) Change ( ) Addition
Name: SELVEY, JAMES
Address: 1213 16TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D (X) Change ( ) Addition
Name: ANDREWS, ARNOLD
Address: 1213 16TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARNOLD ANDREWS D 01/03/2005

Electronic Signature of Signing Officer or Director — Date