


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000082921 1. Entity Name ST. MARY'S AFFORDABLE HOUSING, INC.	
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Principal Place of Business 101 ARCH STREET 13 FLOOR BOSTON, MA 02110 US	Mailing Address 101 ARCH STREET 13 FLOOR BOSTON, MA 02110 US
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DO NOT WRITE IN THIS SPACE

FILED
05 JUL -6 PM 1:03

SECRET
FEDERAL BUREAU OF INVESTIGATION



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3200325	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLADSTONE, MICHAEL H 101 ARCH STREET BOSTON, MA 02110
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600057341696
07/12/05--01026--027 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05
Date

617-439-3811
Daytime Phone #