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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N50083 (7)
1. Corporation Name
ST. CHARLES HOUSING II, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2550 EASY STREET, PORT CHARLOTTE FL 33962
Mailing Address: 2550 EASY STREET, PORT CHARLOTTE FL 33962

3. Date Incorporated or Qualified: **07/28/1992**
3a. Date of Last Report: **03/30/1994**

4. FEI Number: **65-0352664**
Applied For: Not Applicable:

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields including City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **STEPHENS, J. LYNN, 4865 ABADAN STREET, NORTH PORT FL 34287**

10. Name and Address of Now Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	STEPHENS, LYNN
STREET ADDRESS	4865 ABADAN STREET
CITY - ST - ZIP	NORTH PORT FL 34287
TITLE	D
NAME	SAMSON, ROSEANN K.
STREET ADDRESS	1239 PRICE CIRCLE N.W.
CITY - ST - ZIP	PORT CHARLOTTE FL 33948
TITLE	D
NAME	McLOUGHLIN, NICHOLAS
STREET ADDRESS	21505 AUGUSTA AVENUE S-4
CITY - ST - ZIP	PORT CHARLOTTE FL 33952
TITLE	D
NAME	BECKER, OLIVIA
STREET ADDRESS	828 N. LAKESHORE CIRCLE
CITY - ST - ZIP	PORT CHARLOTTE FL 33952
TITLE	D
NAME	DOSTER, BETTY
STREET ADDRESS	14399 MADDOCK AVENUE
CITY - ST - ZIP	PORT CHARLOTTE FL 33953
TITLE	D
NAME	HORNER, MICHAEL J.
STREET ADDRESS	222 NESBIT STREET
CITY - ST - ZIP	PUNTA GORDA FL 33951

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARRAPODI, GREGG
1.3 STREET ADDRESS	15121 GULISTAN AVENUE
1.4 CITY - ST - ZIP	PUNTA GORDA FL 33953
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Lynn Stephens, President* 1-17-95 426-8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #