


FILED
Apr 23, 2004 8:00 am
Secretary of State

04-12-2004 90296 021 ****70.00

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N0300007499 1. Entity Name CATHOLIC CHARITIES HOUSING, DIOCESE OF VENICE, INC.	
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Principal Place of Business 1000 PINEBROOK ROAD VENICE, FL 34292	Mailing Address 1000 PINEBROOK ROAD VENICE, FL 34292
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04072004 Chg-NP CR2E037 (10/03)

City & State Zip Country	City & State Zip Country
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4. FEI Number 20-0487215	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIVITO, JOSEPH A 4514 CENTRAL AVENUE ST. PETERSBURG, FL 33711

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete NAME: SMERYK, VOLODYMYR DR. STREET ADDRESS: 1000 PINEBROOK ROAD CITY-ST-ZIP: VENICE, FL 34292	
TITLE: D <input type="checkbox"/> Delete NAME: ROUTSIS-ARROYO, PETER STREET ADDRESS: 1000 PINEBROOK ROAD CITY-ST-ZIP: VENICE, FL 34292	
TITLE: D <input type="checkbox"/> Delete NAME: BUSTER, CATHY SR. STREET ADDRESS: 1000 PINEBROOK ROAD CITY-ST-ZIP: VENICE, FL 34292	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Jack Martin STREET ADDRESS: 1000 Pinebrook Road CITY-ST-ZIP: Venice, FL 34285	
TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Ana Romillo STREET ADDRESS: 1000 Pinebrook Road CITY-ST-ZIP: Venice, FL 34285	
TITLE: Director <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Dr. Joseph Ravelli STREET ADDRESS: 1000 Pinebrook Road CITY-ST-ZIP: Venice, FL 34285	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	

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 617, 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: Peter Penta-Arroyo Date: 4/2/04 Daytime Phone #: 941-488-5581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR