

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N030G0007499
 1. Entity Name
 CATHOLIC CHARITIES HOUSING, DIOCESE OF VENICE, INC.



Principal Place of Business: 1000 PINEBROOK ROAD, VENICE, FL 34292
 Mailing Address: 1000 PINEBROOK ROAD, VENICE, FL 34292

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01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 20-0487215 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIVITO, JOSEPH A
 4514 CENTRAL AVENUE
 ST. PETERSBURG, FL 33711

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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: _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMERYK, VOLODYMYR DR.
STREET ADDRESS	1000 PINEBROOK ROAD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	ROUTSIS-ARROYO, PETER
STREET ADDRESS	1000 PINEBROOK ROAD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	BUSTER, CATHY SR.
STREET ADDRESS	1000 PINEBROOK ROAD
CITY-ST-ZIP	VENICE, FL 34292
TITLE	D
NAME	MARTIN, JACK
STREET ADDRESS	1000 PINEBROOK RD
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	ROMILLO, AHA
STREET ADDRESS	1000 PINEBROOK RD
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	RAVELLI, DR. JOSEPH
STREET ADDRESS	1000 PINEBROOK RD
CITY-ST-ZIP	VENICE, FL 34285

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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: Pete Routsis-Arroyo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____