


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90071 043 ****70.00

DOCUMENT # N05000000871					
1. Entity Name CASA SAN JUAN BOSCO, INC.					
Principal Place of Business 1000 PINEBROOK RD VENICE, FL 34285		Mailing Address 1000 PINEBROOK RD VENICE, FL 34285			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2901560	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIVITO, JOSEPH A 1000 PINEBROOK RD VENICE, FL 34285			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMERYK, VOLODYMYR DR.		NAME	Dick Porell	
STREET ADDRESS	1000 PINEBROOK RD		STREET ADDRESS	1000 Pinebrook Road	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTSIS-ARROYO, PETER		NAME		
STREET ADDRESS	1000 PINEBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTER, SR. CATHY		NAME		
STREET ADDRESS	1000 PINEBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JACK		NAME		
STREET ADDRESS	1000 PINEBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMILLO, ANA		NAME		
STREET ADDRESS	1000 PINEBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	HC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, JAMES M		NAME		
STREET ADDRESS	512 EAST GRACE ST		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 339506199		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Peter Routsis-Arroyo</i> Peter Routsis-Arroyo		Date: 2/9/07		Daytime Phone #: 942-488-5581	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

40013482



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2901560 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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SIGNATURE: *Peter Routsis-Arroyo* Peter Routsis-Arroyo Date: 2/9/07 Daytime Phone #: 942-488-5581