

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763822

Entity Name: ST. MICHAEL'S HOUSING, INC.**Current Principal Place of Business:**2285 SR 580
CLEARWATER, FL 33763**Current Mailing Address:**6247 SEMINOLE BLVD. #400
SEMINOLE, FL 33772 US**FEI Number:** 59-2312821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIVITO, JOSEPH A
101 E KENNEDY BLVD #2700
TAMPA, FL 33602 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	WAYNE, JAMES MR
Address	6247 SEMINOLE BLVD. #400
City-State-Zip:	SEMINOLE FL 33706

Title	MEMBER
Name	RUHLIN, JAMES REV
Address	8014 STATE RD. 52
City-State-Zip:	HUDSON FL 34667

Title	MEMBER
Name	LONGANGA, EMERY REV
Address	7851 54TH AVE. N.
City-State-Zip:	ST. PETERSBURG FL 33709

Title	MEMBER
Name	GENEREUX, WAYNE REV.
Address	3701 16TH ST. S.
City-State-Zip:	ST. PETERSBURG FL 33705

Title	PRESIDENT
Name	PALKA, EDWIN
Address	2510 E. HANNA AVE.
City-State-Zip:	TAMPA FL 33610

Title	VP
Name	ROGERS, MAGGIE
Address	6363 9TH AVE. S.
City-State-Zip:	ST. PETERSBURG FL 33710

Title	MEMBER
Name	MUHR, MICHAEL
Address	5525 N. HIMES AVE.
City-State-Zip:	TAMPA FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES WAYNE**TREASURER****01/23/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date