

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011349

Entity Name: TRANSFIGURATION HOUSING, INC.**Current Principal Place of Business:**4000 43RD STREET NORTH
ST. PETERSBURG, FL 33714**Current Mailing Address:**4000 43RD STREET NORTH
ST. PETERSBURG, FL 33714**FEI Number:** 45-4028891**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIVITO, JOSEPH AESQ.
DIVITO & HIGHAM, P.A.
4514 CENTRAL AVENUE
ST. PETERSBURG, FL 33711 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	P
Name	WAL, EDWARD REV.
Address	4000 43RD STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33714

Title	S
Name	ALBUQUERQUE, CHRISTINE
Address	4000 43RD STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33714

Title	D
Name	MIGLIORE, ANGELES REV.
Address	4518 SOUTH MANHATTAN AVENUE
City-State-Zip:	TAMPA FL 33611

Title	D
Name	MORGAN, THOMAS REV.
Address	5225 NORTH HIMES AVENUE
City-State-Zip:	TAMPA FL 33614-6623

Title	T
Name	WAYNE, JAMES J
Address	1213 16TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33705

Title	VP
Name	MURPHY, FRANK
Address	1213 16TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33705

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 J. WAYNE**TREASURER****01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date