

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90088 042 *****70.00

DOCUMENT # 732111

1. Entity Name
WAYSIDE HOUSE, INC.



Principal Place of Business
**378 NORTHEAST 6TH AVENUE
DELRAY BEACH FL 33483**

Mailing Address
**378 NORTHEAST 6TH AVENUE
DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THISTLE, J. JEFFERY
30 SE 4TH AVE
DELRAY BEACH FL 33483**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ONEAL, PERRY H.**
STREET ADDRESS **588 BANYAN RD.**
CITY-ST-ZIP **GULF STREAM FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CALLAWAY, PHYLLIS**
STREET ADDRESS **67 SPANISH RIVER DRIVE**
CITY-ST-ZIP **OCEAN RIDGE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **MILSTEAD, JANE**
STREET ADDRESS **818 NE 72ND STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☒ Addition
NAME **Secretary of the Board**
STREET ADDRESS **Georgia Felger**
CITY-ST-ZIP **1011 Beach Dr., Delray Beach 33483**

TITLE **VD** ☒ Delete
NAME **MORSE, W SHELLMAN**
STREET ADDRESS **10 SAINT GILES ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE ☐ Change ☒ Addition
NAME **VD**
STREET ADDRESS **George Frick**
CITY-ST-ZIP **800 Andrews Ave, Apt. 4**
Delray Beach, FL 33483

TITLE **TD** ☐ Delete
NAME **BROWER, STEPHANIE**
STREET ADDRESS **6100 N. OCEAN BLVD.**
CITY-ST-ZIP **OCEAN RIDGE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Executive Director**
STREET ADDRESS **Carolyn Tardiff, C.A.P**
CITY-ST-ZIP **378 N.E. Sixth Avenue**
Delray Beach, FL 33483

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:

Carolyn Tardiff, Executive Director 1/10/03

CR2E037 (10/02)