


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90045 013 \*\*\*\*61.25


**DOCUMENT # N01000002754**  
 1. Entity Name  
**SURRENDER HOUSE, INC.**



Principal Place of Business: **1156 - W. 31 ST. RIVIERA BEACH FL 33419**  
 Mailing Address: **PO BOX 9689 RIVIERA BEACH FL 33419**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E037 (11/03)

4. FEI Number: **31-1768542**  
 Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**IRVING, JO ANN THOMAS**  
**1156 - W. 31 ST.**  
**PO BOX 9689**  
**RIVIERA BEACH FL 33419**

**7. Name and Address of New Registered Agent**  
 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 Due By May 1, 2004**

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	
TITLE: P NAME: THOMAS IRVING, JO ANN STREET ADDRESS: 1156 31ST, PO BOX 9689 CITY-ST-ZIP: RIVIERA BEACH FL 33419	<input type="checkbox"/> Delete
TITLE: CD NAME: DIXON, CHARLIE MAE STREET ADDRESS: 15 GRANADA CRESSANT APT 9 CITY-ST-ZIP: WHITE PLAINS NY 10603-1229	<input type="checkbox"/> Delete
TITLE: VCD NAME: LEONARD, RONALD STREET ADDRESS: 2501 AVE H EAST CITY-ST-ZIP: RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE: STD NAME: HARRIS, LEKISHA STREET ADDRESS: 804 39 STREET CITY-ST-ZIP: WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE: D NAME: WILLIAMS, ROSA L STREET ADDRESS: 512 ONTARIO PLACE CITY-ST-ZIP: WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE: D NAME: HARRIS, EVELYN STREET ADDRESS: 804 39TH STREET CITY-ST-ZIP: WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Jo Ann Thomas Irving* **April 22, 2004 (561) 688-7399**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #