


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90248 003 \*\*\*\*61.25

DOCUMENT # N01000002754

1. Entity Name  
SURRENDER HOUSE, INC.



Principal Place of Business Mailing Address

~~1156 W. 31 ST.  
RIVIERA BEACH FL 33419~~ **512 Ontario PL  
West Palm Beach, FL 33409** PO BOX 9689  
RIVIERA BEACH FL 33419

**50051983**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address

**512 Ontario PL** Suite, Apt. #, etc.

City & State City & State

**West Palm Beach, FL**

4. FEI Number 31-1768542 Applied For Not Applicable

Zip Country Zip Country

**33409 USA**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jo Ann Thomas Irving	
STREET ADDRESS	512 Ontario Place PO B 9689	
CITY-ST-ZIP	Riviera Beach, FL 33419	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Davis	
STREET ADDRESS	804-39 St	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 recipient 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 Date: May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #