

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90061 014 ****61.25



DOCUMENT # N01000002754

1. Entity Name

SURRENDER HOUSE, INC.

Principal Place of Business

512 ONTARIO PL
 WEST PALM BEACH FL 33409

Mailing Address

PO BOX 9689
 RIVIERA BEACH FL 33419



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

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

7. Name and Address of New Registered Agent

IRVING, JO ANN THOMAS
~~1466 W. 01 ST.~~
 PO BOX 9689
 RIVIERA BEACH FL 33419

512 Ontario PL

Name **Irving, Jo Ann Thomas**

Street Address (P.O. Box Number is Not Acceptable)

512 Ontario PL WPB

PO BOX 9689

City **Riviera Beach, FL**

FL

Zip Code **33419**

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

Name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW - FEE IS \$61.25
Due By September 6, 2006

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	512 ONTARIO PLACE, PO BOX 9689	
CITY-ST-ZIP	RIVIERA BEACH FL 33419	
TITLE	CD	<input checked="" 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 type="checkbox"/> Delete
NAME	DAVIS, DORIS	
STREET ADDRESS	804- 39ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	STD	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Lekisha Harris Thomas	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	804-39st.	
STREET ADDRESS	West Palm Beach, FL	
CITY-ST-ZIP	33407	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evelyn Harris STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	804-39st	
CITY-ST-ZIP	West Palm Beach, FL	
	33407	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Irving

8-22-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Block)