

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Sep 18, 2007  
Secretary of State

DOCUMENT# N01000002754

Entity Name: SURRENDER HOUSE, INC.

**Current Principal Place of Business:**

512 ONTARIO PL  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9689  
RIVIERA BEACH, FL 33419

**New Mailing Address:**

FEI Number: 31-1768542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

IRVING, JO ANN THOMAS  
512 ONTARIO PL WPB  
PO BOX 9689  
RIVIERA BEACH, FL 33419 US

**Name and Address of New Registered Agent:**

IRVING, JO ANN THOMAS  
512 ONTARIO PL WPB  
WEST PALM BEACH, FL 33409 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: JO ANN THOMAS IRVING

09/18/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMAS IRVING, JO ANN  
Address: 512 ONTARIO PLACE, PO BOX 9689  
City-St-Zip: RIVIERA BEACH, FL 33419

Title: CD ( ) Delete  
Name: THOMAS, LEKISHA H  
Address: 804-39 ST  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VCD (X) Delete  
Name: DAVIS, DORIS  
Address: 804- 39ST  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D ( ) Delete  
Name: WILLIAMS, ROSA L  
Address: 512 ONTARIO PLACE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: STD ( ) Delete  
Name: HARRIS, EVELYN  
Address: 804 39TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JO ANN THOMAS IRVING

P

09/18/2007

Electronic Signature of Signing Officer or Director

Date