

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

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90042 020 ****61.25

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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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

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

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 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	<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	
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	
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 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 another like empowerment.

SIGNATURE: *Jo Ann Thomas Irving*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-2003 (561) 628-6197

CR2E037 (10/02)