

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90006 009 ****70.00

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06302005 Chg-NP CR2E037 (10/03)

DOCUMENT # N30003 1. Entity Name SEAFARERS' HOUSE, INC.					
Principal Place of Business 1800 SE 32ND ST HOLLYWOOD, FL 33316 US			Mailing Address P.O. BOX 13034 FORT LAUDERDALE, FL 33316		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0123576	
Zip		Country		<input checked="" type="checkbox"/> 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		
MILLEDGE, ALLAN 3240 CORPORATE WAY MIRAMAR, FL 33025			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Allen Milledge</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>Allen Milledge</i></u> <small>(NOTE: Registered Agent signature required when registering)</small>		<u><i>6/30/05</i></u> <small>DATE</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLEDGE, ALLAN		NAME		
STREET ADDRESS	3240 CORPORATE WAY		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOVACEK, ARTHUR		NAME	<i>Milledge, Allan</i>	
STREET ADDRESS	1850 ELLER DR., STE. 403		STREET ADDRESS	<i>3240 Corporate Way</i>	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP	<i>Miramar FL 33025</i>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SASSO, A P		NAME		
STREET ADDRESS	399 CHALLENGER ROAD, SUITE 103		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESENBRING, DAVID		NAME		
STREET ADDRESS	1207 SW 21ST COURT		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YAGER, JAMES D		NAME		
STREET ADDRESS	3100 NE 48TH ST, #913		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRY, CLIFF II		NAME	<i>VD Toney, Jane</i>	
STREET ADDRESS	P.O. BOX 13079		STREET ADDRESS	<i>1915 Southwest 21st Ave.</i>	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP	<i>Fort Lauderdale FL 33312</i>	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>6/30/05 954.467-7330</i></u> <small>Date Daytime Phone #</small>		