

04-22-2002 90312 039 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N99000004692**

1. Entity Name  
**SAMUEL'S HOUSE, INC.**

Principal Place of Business Mailing Address  
**1511 TRUMAN AVENUE** **1511 TRUMAN AVENUE**  
**KEY WEST FL 33040** **KEY WEST FL 33040**

**CHANGE**

2. Principal Place of Business 3. Mailing Address  
**1614 TRUESDELL CT** **SAME - 1614 TRUESDELL**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State  
**Key West, FL**

Zip  
**33040**

Country

Zip

Country

4. FEI Number  
**65-0951120**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LETO, ELMIRA**  
**1511 TRUMAN AVENUE**  
**KEY WEST FL 33040**

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

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  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CORMACK, BRENDA</b> <b>1410 ANGELA STREET</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARSTON, LINDA</b> <b>3840 NORTHSIDE DRIVE</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SMITH, STEVEN</b> <b>P.O. BOX 4493</b> <b>KEY WEST FL 33041</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HIGGS, SANDY</b> <b>80 KEY HAVEN RD.</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Brenda Cormack</b> <b>TRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Linda Marston</b> <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M. Y. RA-HERNANDEZ</b> <b>2832 STAPLES AVE</b> <b>Key West, FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sandy Higgs</b> <b>Vice Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Elmira Leto** 3/29/02 305 296-0240

**Brenda Marston, Linda Marston**  
**President** 7/12/02



DO NOT WRITE IN THIS SPACE

CR2007 (8/01)



Attachment

40286



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 6, 2002

SAMUEL'S HOUSE, INC.  
1614 TRUESDELL CT  
KEY WEST, FL 33040

Subject: SAMUEL'S HOUSE, INC.

Reference Number: N99000004692

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MM  
ANNUAL REPORTS SECTION

*Samuel's House, Inc. / Mary S. Spottswood Women's Center Board of Directors*

Attachment  
#N99000004692

40286

NAME	ADDRESS	TELEPHONE	FAX EMAIL	OCCUPATION
Bazo, Sandi	8 Shore Avenue Key West, FL 33040	305-294-0607 (H) 305-292-3422 (W)	sandikw@aol.com	16th Judicial Administrative Assistant
Cormack, Brenda, Treasurer	1410 Angela Street Key West, FL 33040	305-292-2878	305-296-9397 Fax Ptbuster@bellsouth.net	Judge Mark Jones Point Buster Traffic Training School Owner
Fitzgerald, Eilan	42 Allamanda Terrace Key West, FL 33040	305-296-8670	305-294-4915	Retired
Hernandez, Myra, Secretary	2832 Staples Avenue Key West, FL 33040	305-292-6952 (H) 305-292-8200 (W)	mHernan@keywestcity.com 305-292-8285 Fax	Key West Transit Authority General Manager
Higgs, Sandy, Vice President	80 Key Haven Road Key West, FL 33040	305-296-6227 (H) 305-293-7570 (W)	higgswest@aol.com 305-293-7573	Rural Health Network Community Outreach Director
Margalli, Giulio	621 Eaton Street Key West, FL 33040	305-295-9382	305-295-6916 margalli@keywestlawyer.com	Lawyers
Margalli, Andrea	3640 Northside Court Key West, FL 33040	305-294-4996	Marston@monroe.k12.fl.us KyWstMarstons@aol.com	Gerald Adams Elementary School Teacher
Marston, Linda, President	540 Truman Avenue Key West, FL 33040	305-296-4399 (W) 305-293-0489	Smosidoc@aol.com 294-8270 FAX Sherryshop@aol.com	Physician Truman Medical Center
Ramirez, Sharyn	2425 Linda Avenue Key West, FL 33040	305-292-3424 (W) 305-294-1251 (H)	Kwchica@aol.com	Administrative Assistant - 16th Judicial Circuit Judge Wayne Miller
Roberts, Amelia	1210 8th Street Key West, FL 33040	305-292-3423 (W) 305-296-2344 (H)	305-293-9790 Fax esssmith@worldnet.att.net	Judicial Assistance - 16th Judicial Circuit Court Administrator
Smith, Steven	P.O. Box 4493 Key West, FL 33041	305-293-3036 (W) 305-509-0371 Cell		Real Estate Broker Steven Smith Real Estate, Inc.
Valest, Gina	3920 South Roosevelt Blvd., Unit 101N Key West, FL 33040	305-294-6264 (W) 305-293-1856 (H)	305-294-7718 (W) CotorraKeyWest@aol.com	Management - Keys Federal Credit Union
Williams, Gretchen	82 Key Haven Road Key West, FL 33040	(305) 294-5525 - H	Gretchwi@aol.com	Artist



Attachment  
40286

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 17, 2002

SAMUEL'S HOUSE, INC.  
1614 TRUESDELL CT.  
KEY WEST, FL 33040

Subject: SAMUEL'S HOUSE, INC.

Reference Number: N99000004692

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rg  
ANNUAL REPORTS SECTION

See Roster they are all Board of directors - address is one's they wish to record

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314