

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004692

FILED  
Mar 07, 2007  
Secretary of State

Entity Name: SAMUEL'S HOUSE, INC.

**Current Principal Place of Business:**

1614 TRUESDELL CT  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1614 TRUESDELL CT  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-0951120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LETO, ELMIRA L  
1614 TRUESDELL DT  
KEY WEST, FL 33040 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TRES ( ) Delete  
Name: CARBONELL, NOELIA  
Address: 1118 17TH STREET  
City-St-Zip: KEY WEST, FL 33040

Title: PRES ( ) Delete  
Name: BAZO, SANDI  
Address: 214 SHORE AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: VP/S ( ) Delete  
Name: RAMIREZ, SHARYN  
Address: 2425 LINDA AVE  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: SEC ( ) Change (X) Addition  
Name: CORMACK, BRENDA G  
Address: 1410 ANGELA STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDI BAZO

PRES

03/07/2007

Electronic Signature of Signing Officer or Director

Date