

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30003

Entity Name: SEAFARERS' HOUSE, INC.**Current Principal Place of Business:**1800 SE 32ND ST
FORT LAUDERDALE, FL 33316**Current Mailing Address:**1800 SE 32ND ST, BOX 017
FORT LAUDERDALE, FL 33316 US**FEI Number:** 65-0123576**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BERRY, CLIFFORD L II
2201 SUNRISE KEY BLVD.
FORT LAUDERDALE, FL 33304 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:** CLIFFORD L. BERRY II

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	BERRY, CLIFFORD L II
Address	2201 SUNRISE KEY BLVD.
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	DVP
Name	BERRY, JULIE F
Address	2505 NE 7TH PLACE
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	2DVP
Name	YOKANA, GRACIELA
Address	1225 MAJESTY TERRACE
City-State-Zip:	WESTON FL 33327

Title	DT
Name	ANAGNOSTIS-IRONS, ALEXANDRA
Address	2319 CASTILLA ISLE
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	SECRETARY
Name	DARGAVAGE, JOSEPH A
Address	3681 NW 6TH STREET
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	EXECUTIVE DIRECTOR
Name	CARBONELL, LAUNA
Address	627 W 168TH TERRACE
City-State-Zip:	PEMBROKE PINES FL 33027

I hereby 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 all other like empowered.

SIGNATURE: LAUNA CARBONELL**EXECUTIVE DIRECTOR**

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date