

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004692

Entity Name: SAMUEL'S HOUSE, INC.**Current Principal Place of Business:**1614 TRUESDELL CT
KEY WEST, FL 33040**Current Mailing Address:**1614 TRUESDELL CT
KEY WEST, FL 33040**FEI Number:** 65-0951120**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LETO, ELMIRA L
1614 TRUESDELL CT
KEY WEST, FL 33040 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRES
Name TODARO, MARK
Address 833 ELIZABETH STREET #B
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name BAZO, SANDI
Address 214 SHORE AVENUE
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name BLACKBURN, LARRY
Address 1614 TRUESDELL CT
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name CATES, CHERYL
Address 3405 EAGLE AVENUE
City-State-Zip: KEY WEST FL 33040

Title VP
Name GARCIA, HELEN
Address 3310 HARRIET AVENUE
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name BEAUBIEN, ALAN
Address 3841 N ROOSEVELT BLVD
City-State-Zip: KEY WEST FL 33040

Title TREASURER
Name FINIGAN, MARK
Address 30 CALLE UNO
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name CHASE, MARY
Address 3358 FLAGLER AVENUE
City-State-Zip: KEY WEST FL 33040

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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: MARK TODARO**PRESIDENT****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CLEMENT, LEIGH
Address	1516 DENNIS STREET 1-FRONT
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	DURSO, ALICIA
Address	817 WASHINGTON STREET 3
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	GROOMES, CARRIE
Address	1013 17TH STREET
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	HERBST, JACKIE
Address	908-A FRANCES STREET
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	SCHMIDA, TERRY
Address	3301 DUCK AVENUE C
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	WITWER, DOROTHY
Address	20 HILTON HAVEN ROAD
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	DEMENT, WINNIE
Address	7 CYPRESS AVENUE
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	FILBRANDT, ELISE
Address	156 GOLF CLUB DRIVE
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	HALPERN, MICHAEL
Address	1614 TRUESDELL CT
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	MAMONE, LENA
Address	17215 BONITA LANE EAST
City-State-Zip:	SUGARLOAF FL 33042

Title	DIRECTOR
Name	SPOTTSWOOD, CRISTY
Address	1614 TRUESDELL CT
City-State-Zip:	KEY WEST FL 33040

Title	DIRECTOR
Name	WITWER, GEORGE
Address	20 HILTON HAVEN ROAD
City-State-Zip:	KEY WEST FL 33040