

2017 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

FILED
Apr 27, 2017
Secretary of State
CC6202265907

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 PRESIDENT
Name TODARO , MARK
Address 1402 ALBERTA STREET
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 BAZO, SANDI
Address 214 SHORE 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 DIRECTOR
Name BLACKBURN, LARRY
Address 901 EMMA STREET
City-State-Zip: KEY WEST FL 33040

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

Title SPONSORSHIP CHAIR
Name CATES, CHERYL
Address 3405 EAGLE AVENUE
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

04/27/2017

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

Title DIRECTOR
Name SPOTTSWOOD, CRISTY
Address 500 FLEMING STREET
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 HALPERN, MICHAEL
Address 209 DUVAL STREET
#2 FL D
City-State-Zip: KEY WEST FL 33040

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

Title SECRETARY
Name DONOHUE, KATHY
Address 2601 ROOSEVELT
City-State-Zip: KEY WEST FL 33040