

**2019 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:**

STOVER, KIM EXECUTIVE DIRECTOR  
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:** KIM STOVER

01/21/2019

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            SECRETARY  
Name            CRISTY, SPOTTSWOOD  
Address        13 KEY HAVEN TERRACE  
City-State-Zip: KEY WEST FL 33040

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

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

Title            TREASURER  
Name            STOKES, ERIKA  
Address        629 EATON STREET  
City-State-Zip: KEY WEST FL 33040

Title            BOARD MEMBER  
Name            HALPERN, MICHAEL  
Address        209 DUVAL STREET  
                  #2 FL D  
City-State-Zip: KEY WEST FL 33040

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

Title            BOARD MEMBER  
Name            THOMPSON, LAUREN  
Address        725 WADDELL AVE, #7  
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:** CHERYL CATES

VICE PRESIDENT

01/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name HENRIQUEZ, GABRIELLE  
Address 1614 TRUESDELL CT  
City-State-Zip: KEY WEST FL 33040

Title BOARD MEMBER  
Name TROVATO, CAROL  
Address PO BOX 1701  
City-State-Zip: KEY WEST FL 33040

Title BOARD MEMBER  
Name HUGHES, MAURA  
Address 512 FRONT STREET  
City-State-Zip: KEY WEST FL 33040

Title BOARD MEMBER  
Name TROVATO, CHRISTINE  
Address 2907 FOGARTY AVE  
City-State-Zip: KEY WEST FL 33040