

**2016 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            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**

**03/21/2016**

\_\_\_\_\_  
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 HALPERN, MICHAEL  
Address 209 DUVAL STREET  
#2 FL D  
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 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 GROOMES, CARRIE  
Address 1013 17TH STREET  
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 MEDIA LIAISON  
Name SCHMIDA, TERRY  
Address 3301 DUCK AVENUE  
#C  
City-State-Zip: KEY WEST FL 33040

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