

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90023 013 \*\*\*\*61.25

**DOCUMENT # 702987**

1. Entity Name

NORFOLK HOUSE INC.



Principal Place of Business

2743 NE 15TH STREET  
FT LAUDERDALE FL 33304

Mailing Address

2743 NE 15TH STREET  
FT LAUDERDALE FL 33304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1002906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, MILLIE  
2743 N.E. 15TH STREET  
APT. #8  
FT. LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | BOYLE, LETA LYNCH        |  |
| STREET ADDRESS | 2743 N.E. 15TH STREET    |  |
| CITY, ST, ZIP  | FORT LAUDERDALE FL 33304 |  |
| TITLE          | TD                       | <input type="checkbox"/> Delete            |
| NAME           | CASEY, MILLIE            |  |
| STREET ADDRESS | 2743 N.E. 15TH STREET    |  |
| CITY, ST, ZIP  | FORT LAUDERDALE FL 33304 |  |
| TITLE          | SD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MAHAR, ROBERT            |  |
| STREET ADDRESS | 2743 NE 15TH STREET      |  |
| CITY, ST, ZIP  | FORT LAUDERDALE FL 33304 |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY, ST, ZIP  |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY, ST, ZIP  |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY, ST, ZIP  |                          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | PD                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | STEFFINE-CASEY, KIM            |  |
| STREET ADDRESS | 1998 S.E. 17TH CT.             |  |
| CITY, ST, ZIP  | LAUDERDALE BY THE SEA FL 33062 |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY, ST, ZIP  |                                |  |
| TITLE          | SD                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PARSONS, GERRY                 |  |
| STREET ADDRESS | 2743 N.E. 15TH ST.             |  |
| CITY, ST, ZIP  | FT. LAUD, FL. 33304            |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY, ST, ZIP  |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY, ST, ZIP  |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY, ST, ZIP  |                                |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like, empowered.

SIGNATURE:

*Millie Casey, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 2, 2007*

Date

*954-563-5429*

Daytime Phone #