## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#715435**

Title:

Name:

Address:

City-St-Zip:

A.N. .... CAMADITAN HOLIOF FO

FILED May 02, 2004 Secretary of State

Entity Name: SAMARITAN HOUSE FOR BOYS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1490 SE COVE RD STUART, FL 349977504 **Current Mailing Address: New Mailing Address:** 1490 SE COVE RD STUART, FL 349977504 FEI Number: 59-1373247 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STOUPA, TERRY R 1490 SE COVE ROAD STUART, FL 34997 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition SHERRARD, JOHN E Name: Name: Address: 2846 SW TURTLE POINT DR Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: () Delete Title: () Change () Addition HAMPTON, LOUIS Name: Name: Address: 6301 SE WINGLED FOOT DR Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: () Change () Addition GUEST, ROBERT Name: Name: 1022 SE WESTMISTER PL Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: WILLIS, BETTY Name: 5980 SE OAKMONT PLACE Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TERRY STOUPA D 05/02/2004

() Delete

STOUPA, TERRY

1498 SE COVE RD

STUART, FL 34997

() Change () Addition