2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 715435

1. Entity Name
SAMARITAN HOUSE FOR BOYS, INC.

Principal Place of Business	Mailing Address
1490 SE COVE RD STUART, FL 34997-7504	1490 SE COVE RD STUART, FL 34997-7504

01122005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1373247
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOUPA, TERRY R
1490 SE COVE ROAD
STUART, FL 34997

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000344170
04/29/05-80125-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMPTON, LOUIS
STREET ADDRESS	6301 SE WINGLED FOOT DR
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	GUEST, ROBERT
STREET ADDRESS	1022 SE WESTMISTER PL
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	WILLIS, BETTY
STREET ADDRESS	5980 SE OAKMONT PLACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	STOUPA, TERRY
STREET ADDRESS	1498 SE COVE RD
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Terry R. Stoupa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #