2006 NOT-FOR-PROFIT CORPORATION

Apr 24, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #715435** 04-24-2006 90359 026 ****61.25 SAMARITAN HOUSE FOR BOYS, INC. Principal Place of Business Mailing Address DUULJOUL 1490 SE COVE RD 1490 SE COVE RD STUART, FL 34997-7504 STUART, FL 34997-7504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-NP CR2E037 (11/05) City & State -City & State 4. FEI Number 59-1373247 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOUPA, TERRY R 1490 SE COVE ROAD Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34997 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. 1 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 reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be -- Make check payable to П Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITI F ☐ Change ☐ Addition HAMPTON, LOUIS NAME NAME STREET ADDRESS 6301 SE WINGLED FOOT DR STREET ADDRESS CITY-ST-7IP **STUART, FL 34997** CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition GUEST, ROBERT NAME NAME STREET ADDRESS 1022 SE WESTMISTER PL STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP TITLE Delete TILE Change ☐ Addition WILLIS, BETTY NAME NAME STREET ADDRESS 5980 SE OAKMONT PLACE STREET ADDRESS STUART, FL 34997 CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STOUPA, TERRY NAME NAME STREET ADDRESS 1498 SE COVE RD STREET ADDRESS STUART, FL 34997 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

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