

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90095 020 ****61.25

DOCUMENT # 715435

1. Entity Name

SAMARITAN HOUSE FOR BOYS, INC.



Principal Place of Business

**1490 SE COVE RD
STUART FL 34997-7504**

Mailing Address

**1490 SE COVE RD
STUART FL 34997-7504**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1373247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LINDE, DRIN D
1490 SE COVE ROAD
STUART FL 34997**

7. Name and Address of New Registered Agent

Name **Terry R. Stoupa**
Street Address (P.O. Box Number is Not Acceptable)
1490 SE Cove Road
City **Stuart** FL Zip Code **34997**

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 *Terry R. Stoupa* *Terry R. Stoupa - Executive Director* *July 25, 2003*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **SNIPES, THOMAS B.**
STREET ADDRESS **8752 SW 17TH ST**
CITY-ST-ZIP **STUART FL**

TITLE **PD** ☐ Change ☒ Addition
NAME **John E. Sherrard**
STREET ADDRESS **2846 SW Turtle Point Dr.**
CITY-ST-ZIP **Palm City, FL 34990**

TITLE **VSD** ☒ Delete
NAME **MORRIS, TOM**
STREET ADDRESS **62 SE HARBOR POINT DRIVE**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☐ Change ☒ Addition
NAME **Louis Hampton**
STREET ADDRESS **6301 SE Winged Foot Drive**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE **D** ☒ Delete
NAME **HOLMAN, DON**
STREET ADDRESS **62 SE GROVE AVENUE**
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Guest**
STREET ADDRESS **1022 SE Westminster Pl.**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Betty Willis**
STREET ADDRESS **5990 SE Oakmont Place**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Terry Stoupa**
STREET ADDRESS **1490 SE Cove Rd.**
CITY-ST-ZIP **Stuart, FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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* *Executive Director* *7/25/2003* *772-287-7278*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)