2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State
04-30-2004 90330 048 ****70.00

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MOORE CR2E037 (11/03)

DOCUMENT # N01000001727

1. Entity Name

THE SWINTON HOUSE, INC.

Principal Place of Business	Mailing Address
617 S SWINTON AVE DELRAY BEACH FL 33444	617 S SWINTON AVE DELRAY BEACH FL 33444

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 04-3631106 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, NORA P
617 S SWINTON AVE
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	OOD THOMAS, NORA 617 S. SWINTON AVE. DELRAY BEACH FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TBM KROLL, RICHARD R JR. 17330 CORAL GABLES LATHRUP VILLAGE MI 48076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marketing / Fundraising ☒ Change ☐ Addition 800 Bond Way Delray Beach, FL 33483 Richard Kroll, JR.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TBM GOLDEN, DR. GREGORY 6812 WILLOW WOOD DR. BOCA RATON FL 33468	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TMB IMBRES, JOHN 10792 EL PARAISO PLACE DELRAY BEACH FL 33446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr Pierre Andre, MD ☐ Change ☒ Addition medical / Psychiatric Consultant 16244 S. Military Trail
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite 450 Delray Beach, FL 33484 ☐ Change ☐ Addition

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.

561-901-5275

SIGNATURE: _____ 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #