


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90248 003 ****61.25

DOCUMENT # N01000002754 1. Entity Name SURRENDER HOUSE, INC.					
Principal Place of Business 1156 W. 31 ST. --- 512 Ontario PL RIVIERA BEACH FL 33419				Mailing Address PO BOX 9689 RIVIERA BEACH FL 33419	
2. Principal Place of Business 512 Ontario PL				3. Mailing Address Suite, Apt. #, etc.	
City & State West Palm Beach, FL				City & State Suite, Apt. #, etc.	
Zip 33409				Country USA	
6. Name and Address of Current Registered Agent IRVING, JO ANN THOMAS 1156 - W. 31 ST. PO BOX 9689 RIVIERA BEACH FL 33419				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME THOMAS IRVING, JO ANN STREET ADDRESS 1156 31ST, PO BOX 9689 CITY-ST-ZIP RIVIERA BEACH FL 33419	<input type="checkbox"/> Delete		TITLE P NAME Jo Ann Thomas Irving STREET ADDRESS 512 Ontario Place POB 9689 CITY-ST-ZIP Riviera Beach, FL 33419	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CD NAME DIXON, CHARLIE MAE STREET ADDRESS 15 GRANADA CRESSANT APT 9 CITY-ST-ZIP WHITE PLAINS NY 10603-1229	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VCD NAME LEONARD, RONALD STREET ADDRESS 2501 AVE H EAST CITY-ST-ZIP RIVIERA BEACH FL 33404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Doris Davis 804-39 St West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME HARRIS, LEKISHA STREET ADDRESS 804 39 STREET CITY-ST-ZIP WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WILLIAMS, ROSA L STREET ADDRESS 512 ONTARIO PLACE CITY-ST-ZIP WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HARRIS, EVELYN STREET ADDRESS 804 39TH STREET CITY-ST-ZIP WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 recorder 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: <u><i>Jo Ann Thomas Irving</i></u> <u>May 1, 2005</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50051983



1st MOORE CR2E037 (10/04)

4. FEI Number
31-1768542

Applied For
Not Applicable

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