

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90061 014 ****61.25

DOCUMENT # N01000002754

1. Entity Name

SURRENDER HOUSE, INC.



Principal Place of Business

**512 ONTARIO PL
WEST PALM BEACH FL 33409**

Mailing Address

**PO BOX 9689
RIVIERA BEACH FL 33419**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)

City & State

City & State

4. FEI Number

31-1768542

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRVING, JO ANN THOMAS

~~1406 W. 01 ST.~~

**PO BOX 9689
RIVIERA BEACH FL 33419**

512 Ontario PL

Name

Irving, Jo Ann Thomas

Street Address (P.O. Box Number is Not Acceptable)

512 Ontario PL WPB

PO BOX 9689

City

Riviera Beach, FL

FL

Zip Code

33419

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,)

Name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

**FILE NOW: FEE IS \$61.25
Due By September 6, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THOMAS IRVING, JO ANN
512 ONTARIO PLACE, PO BOX 9689
RIVIERA BEACH FL 33419** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
DIXON, CHARLIE MAE
15 GRANADA CRESSANT APT 9
WHITE PLAINS NY 10603-1229** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
DAVIS, DORIS
804- 39ST
WEST PALM BEACH FL 33409** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HARRIS, LEKISHA
804 39 STREET
WEST PALM BEACH FL 33407** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, ROSA L
512 ONTARIO PLACE
WEST PALM BEACH FL 33409** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRIS, EVELYN
804 39TH STREET
WEST PALM BEACH FL 33407** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Lekisha Harris Thomas, CD
804-39 St.
West Palm Beach, FL 33407** ☒ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Evelyn Harris STD
804-39 St
West Palm Beach, FL 33407** ☒ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jo Ann Irving

8-22-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR