

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90163 011 ****70.00

DOCUMENT # N30003

1. Entity Name
SEAFARERS' HOUSE, INC.



Principal Place of Business
 1800 SE 32ND ST
 HOLLYWOOD, FL 33316 US

Mailing Address
 P.O. BOX 13034
 FORT LAUDERDALE, FL 33316

40059316



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 65-0123576

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

MILLEDGE, ALLAN
 3240 CORPORATE WAY
 MIRAMAR, FL 33025

Name Jane Toney
 Street Address (P.O. Box Number is Not Acceptable)
1915 Southwest 21st Ave.
 City Fort Lauderdale FL Zip Code 33312

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 X Jane Toney, President 4/3/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLEDGE, ALLAN		NAME	Ronald G. Perkins	
STREET ADDRESS	3240 CORPORATE WAY		STREET ADDRESS	101 NE Third Ave. ste. 1250	
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLEDGE, ALLAN		NAME		
STREET ADDRESS	3240 CORPORATE WAY		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIESECKE, LISA		NAME		
STREET ADDRESS	1004 SE 6TH CT		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAGER, JAMES D		NAME		
STREET ADDRESS	4770 BAYVIEW DR, APT 310		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, EUGENE F		NAME		
STREET ADDRESS	1600 SE 17 ST. CSWY STE. 403		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY, JANE		NAME		
STREET ADDRESS	1915 SOUTHWEST 21 ST AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		

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: X Jane Toney, President 4/3/07 (954) 467-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #