


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90039 009 ****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**

60025018

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

02112008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0123576

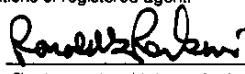
Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**TONEY, JANE
 1915 SW 21ST AVE
 FORT LAUDERDALE, FL 33312**

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

7. Name and Address of New Registered Agent
 Name **Ronald G. Perkins**
 Street Address (P.O. Box Number is Not Acceptable)
101 NE Third Ave. Ste 1250
 City **Fort Lauderdale** FL Zip Code **33301**

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  **Ronald G. Perkins** 3/31/08
 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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

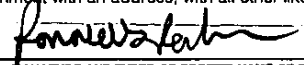
10. OFFICERS AND DIRECTORS

TITLE	VP <i>new title</i> <input type="checkbox"/> Delete
NAME	PERKINS, RONALD G
STREET ADDRESS	101 NE THIRD AVE STE 1250
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	SD <input type="checkbox"/> Delete
NAME	FRIESECKE, LISA
STREET ADDRESS	1004 SE 6TH CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	DT <input type="checkbox"/> Delete
NAME	SWEENEY, EUGENE F
STREET ADDRESS	1600 SE 17 ST. CSWY STE. 403
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	DR <i>new title</i> <input type="checkbox"/> Delete
NAME	TONEY, JANE
STREET ADDRESS	1915 SOUTHWEST 21 ST AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP (President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD (Vice President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  3/31/08 (954) 462-5400 x106--
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #