

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90003 011 ****61.25

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1. Entity Name
**JESSIE PORTER'S HERITAGE HOUSE & ROBERT FROST
COTTAGE, INC.**



Principal Place of Business

410 CAROLINE ST
KEY WEST, FL 33040

Mailing Address

410 CAROLINE ST
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE



01172006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0673854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLS, PAUL S
6200 2ND ST
KEY WEST, FL 33040

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IN THIS SPACE**

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)

1/24/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME POIRIER, PORTER M
STREET ADDRESS 3901 BROWN AVE
CITY-ST-ZIP OAKLAND, CA 94619

TITLE D
NAME DEPIERO, ROBERTA
STREET ADDRESS 2828 STAPLES AVE
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D
NAME CAMPBELL, SUZANNE
STREET ADDRESS 2404 STAPLES AVE
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SUZANNE PCampbell 1/24/06
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #