

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002551

FILED  
Apr 06, 2011  
Secretary of State

Entity Name: PRODIGAL HOUSE, INC.

**Current Principal Place of Business:**

2825 SE CLAYTON STREET  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

2825 SE CLAYTON STREET  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 65-0589478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAUNDERS, CHARLES N  
2825 SE CLAYTON STREET  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SAUNDERS, CHARLES N  
Address: 2825 SE CLAYTON STREET  
City-St-Zip: STUART, FL 34997 US

Title: VD  
Name: BEACH, BLAKE  
Address: 5926 SE PINE DRIVE  
City-St-Zip: STUART, FL 34997 US

Title: DST  
Name: MENDYK, DARRYL  
Address: 2621 SE CLAYTON STREET  
City-St-Zip: STUART, FL 34997 US

Title: DM  
Name: CARTER, ARTHUR  
Address: 3474 SE JEFFERSON ST  
City-St-Zip: STUART, FL 34997 US

Title: DIR  
Name: BURKE, NATHANIEL  
Address: 2305 SE MONTEREY RD  
City-St-Zip: STUART, FL 34996

Title: DIR  
Name: MADDEN, ERIN  
Address: 1093 SW 16TH PLACE  
City-St-Zip: STUART, FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES SAUNDERS

PD

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date