

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N09000006586

Entity Name: DAVE'S HOUSE, INC.

Current Principal Place of Business:

127 W. FAIRBANKS AVE
PMB #436
WINTER PARK, FL 32789

Current Mailing Address:

P.O. BOX 607103
ORLANDO, FL 32860 US

FEI Number: 27-0533943

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORMAN, ELENA
127 W. FAIRBANKS AVE
PMB #436
WINTER PARK, FL 32789 US

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: ELENA NORMAN

09/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OTHER
Name WILENSKY, RONALD J MR.
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title OTHER
Name WILENSKY, LINDA J. MRS.
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title CEO
Name O'CONNOR, ELLEN
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title ASSISTANT TREASURER
Name COLEMAN, MARK
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title PAST CHAIRMAN
Name SCHWARTZ, ADAM
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title CHAIRMAN
Name NORMAN, ELENA
Address 127 W. FAIRBANKS AVE
PMB #436
City-State-Zip: WINTER PARK FL 32789

Title OTHER
Name WHEELER, NANCY
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title SECRETARY
Name HAYES, CHRIS
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

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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: ELLEN O'CONNOR

CEO

09/24/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name HARRIMAN, MARTHA
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title OTHER
Name NATTANS, RALPH
Address PO BOX 607103
City-State-Zip: ORLANDO FL 32860

Title OTHER
Name RAY, CHRISTIN
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title MEMBER
Name THOMA, BRIAN
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title TREASURER
Name KRONENBERG, ERIN
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title OTHER
Name TOAL, PHILLIP
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title OTHER
Name HARRIS, DANIELLE
Address PO BOX 607103
City-State-Zip: ORLANDO FL 32860

Title VC
Name DORMAN, RAY
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860

Title MEMBER
Name WIGHTMAN, BRADLEY
Address P.O. BOX 607103
City-State-Zip: ORLANDO FL 32860