

**2025 FLORIDA NOT FOR PROFIT CORPORATION 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

04/03/2025

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 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

**Continues on page 2**

*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

04/03/2025

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