

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002032

Entity Name: JOSEPH'S HOUSE BROOKSVILLE, INC**Current Principal Place of Business:**823 JOSEPHINE ST
BROOKSVILLE, FL 34601**Current Mailing Address:**823 JOSEPHINE STREET
BROOKSVILLE, FL 34601 US**FEI Number:** 45-3618090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSE, DANYA M
823 JOSEPHINE ST
BROOKSVILLE, FL 34601 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:** DANYA M. ROSE

04/19/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name ROSE, DANYA M
Address 26232 MONDON HILL RD
City-State-Zip: BROOKSVILLE FL 34601

Title PRESIDENT
Name GARCIA, DAVID A
Address 20366 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name HAMMETT, MERLE
Address 14366 EDGEKNOLL ST
City-State-Zip: BROOKSVILLE FL 34613

Title DIRECTOR
Name BALLOU, GARY
Address 6130 BROAD ST LOT 9
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name HAMMETT, JEROME
Address 14366 EDGEKNOLL ST
City-State-Zip: SPRING HILL FL 34613

Title DIRECTOR
Name CASTEL, SAM
Address 6035 FOREST CREEK DRIVE
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name PIERA, ERIK
Address 823 JOSEPHINE STREET
City-State-Zip: BROOKSVILLE FL 34601

Title EVENTS COORDINATOR
Name JAXTHEIMER, JUDITH DR.
Address 823 JOSEPHINE ST
City-State-Zip: BROOKSVILLE FL 34601

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: DANYA M. ROSE**TREASURER**

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date