

2015 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:** Yes**Name and Address of Current Registered Agent:**HAMMETT, JEROME C
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

Title	PRESIDENT
Name	HAMMETT, JEROME C
Address	14366 EDGEKNOLL ST
City-State-Zip:	BROOKSVILLE FL 34613

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

Title	EVENTS COORDINATOR
Name	BRADY, THOMAS
Address	12480 HOUSE FINCH RD
City-State-Zip:	BROOKSVILLE FL 34614

Title	DIRECTOR
Name	SANTUCCI, KENNETH
Address	4452 CYNTHIA LANE
City-State-Zip:	SPRING HILL FL 34606

Title	DIRECTOR
Name	COLLISON, WALTER
Address	16149 HODZA ST
City-State-Zip:	MASARYKTOWN FL 34604

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

Title	DIRECTOR
Name	DEEM II, JOHN
Address	22325 CHERATON RD
City-State-Zip:	BROOKSVILLE FL 34602

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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: MERLE HAMMETT**SECRETARY****04/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRIFFIN, SCOTT
Address 8408 VALMORA ST
City-State-Zip: SPRING HILL FL 34608

Title DIRECTOR
Name LAM, MARILYN
Address 15501 WISCON ROAD
City-State-Zip: BROOKSVILLE FL 34601