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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756921

1. Corporation Name

DOMESTIC ABUSE SHELTER, INC.

Principal Place of Business
P O BOX 2696
MARATHON SHORES FL 33052

Mailing Address
P O BOX 2696
MARATHON SHORES FL 33052



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/24/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2153608

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONTGOMERY, SYLVIA
65 TINGLER LN
MARATHON FL 33050**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PARKER, CAROL
STREET ADDRESS 328 E SEAVIEW
CITY-ST-ZIP DOCK KEY FL ☒ DELETE

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Charlene Sammis
1.3 STREET ADDRESS 188 Plantation Drive
1.4 CITY-ST-ZIP Tavernier, FL 33070

TITLE VD
NAME JANICKI, JANE
STREET ADDRESS 318 FERN STREET
CITY-ST-ZIP DUCK KEY FL ☒ DELETE

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Kathleen MacTurk
2.3 STREET ADDRESS 100 Camino Real
2.4 CITY-ST-ZIP Marathon, FL 33050

TITLE SD
NAME SKINGER, ALICE
STREET ADDRESS 1016 W. 75TH ST. OCEAN
CITY-ST-ZIP MARATHON FL ☒ DELETE

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Jacqueline L. Hagy
3.3 STREET ADDRESS 611-101st Street Ocean
3.4 CITY-ST-ZIP Marathon, FL 33050

TITLE TD
NAME MONTGOMERY, SYLVIA
STREET ADDRESS 65 TINGLER LANE
CITY-ST-ZIP MARATHON FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME ADAMS, ROSEMARY
STREET ADDRESS 324 E. SEAVIEW DRIVE
CITY-ST-ZIP DUCK KEY FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)