

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 29, 2004
Secretary of State**

DOCUMENT# 756921

Entity Name: DOMESTIC ABUSE SHELTER, INC.

Current Principal Place of Business:

DOMESTIC ABUSE SHELTER, INC
MARATHON SHORES, FL 33052

New Principal Place of Business:

Current Mailing Address:

P O BOX 522696
MARATHON SHORES, FL 33052

New Mailing Address:

FEI Number: 59-2153608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THACKER, MARY
10961 5TH AVE GULF
MARATHON, FL 33050

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THACKER, MARY
Address: 10961 5TH AVE G
City-St-Zip: MARATHON, FL 33050

Title: VP () Delete
Name: HUNTER, JIM
Address: 3746 PINE ST.
City-St-Zip: BIG PINE KEY, FL 33043

Title: S () Delete
Name: PHILLIPS, SHERRY
Address: P.O. BOX 2038
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: SCHMIDT, PATRICIA
Address: P.O. BOX 1758
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: ASTOR, LISA
Address: 1404 WHITE ST
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: DEFIELD, LYNDIA
Address: 121 ALYNN PLACE
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SCHMIDT, PATRICIA
Address: P.O. BOX 1758
City-St-Zip: ISLAMORADA, FL 33036

Title: D (X) Change () Addition
Name: MARCANT, JACK
Address: 270 SOUTH POINT DR
City-St-Zip: SUGARLOAF SHORES, FL 33042

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY THACKER

P

03/29/2004

Electronic Signature of Signing Officer or Director

Date