2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756921

Entity Name: DOMESTIC ABUSE SHELTER, INC.

FILED Feb 03, 2009 Secretary of State

531 SOUTHARD ST. KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

P O BOX 522696 MARATHON SHORES, FL 33052

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHILLIPS, SHERRY KAHN, LARRY 531 SOUTHARD ST 531 SÓUTHARD ST KEY WEST, FL 33040 US US KEY WEST, FL 33040

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: ELLEN GRONWOLDT 02/03/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition PHILLIPS, SHERRY KAHN, LARRY Name: Name: 531 SOUTHARD ST Address: 531 SOUTHARD ST Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: () Change () Addition GRUETZMANN, ANGELA Name: Name: Address: 510 43RD ST Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARZOA, GUADALUPE Name: MARZOA, GUADALUPE Name: 10680 7TH AVE GULF 10680 7TH AVE GULF Address: Address: City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050 Title: () Delete Title: D (X) Change () Addition Name:

KAHN, LARRY Name: KOLER, KATE

4800 OVERSEAS HWY 1111 STIRRUP KEY WOODS RD Address: Address:

City-St-Zip: MARATHON, FL 33050 City-St-Zip: MARATHON, FL 33050

Title: () Delete Title: (X) Change () Addition

LEE, DONNIE CASTILLO, ROBERTA Name: Name: 1604 N ROOSEVELT BLVD 531 SOUTHARD ST Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEYWEST, FL 33040

Title: () Delete Title: () Change (X) Addition

BOYDEN, HAROLD Name: Name: Address: Address: 777 WEST 63RD ST MARATHON, FL 33050 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELLEN GRONWOLDT OM 02/03/2009