

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006362

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** GIVE ME SHELTER MINISTRIES, INC

**Current Principal Place of Business:**

151 COUNTRY CLUB RD  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 864  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 26-0421827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHILLIPS, KENNETH  
151 COUNTRY CLUB RD  
SHALIMAR, FL 32579 US

**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  
Name: PHILLIPS, KENNETH  
Address: 151 COUNTRY CLUB RD  
City-St-Zip: SHALIMAR, FL 32579

Title: VP  
Name: ADAMS, DR. HERSHEL  
Address: 304 BRANCH HILL PARK  
City-St-Zip: NICEVILLE, FL 32578

Title: VP  
Name: ELLIS, SHAUN  
Address: 127 BEACH DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DT  
Name: GANN, BILLY L  
Address: 316 RUE DIANNE  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: DS  
Name: STANFORD, KELLY T  
Address: 1 RUE DE LE ROI ST  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: D  
Name: LANCASTER, KIRK B  
Address: 709 MINNESOTA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

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: BILLY L GANN

DT

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date