

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756921

**Entity Name:** DOMESTIC ABUSE SHELTER, INC.**Current Principal Place of Business:**78 COCO PLUM DRIVE  
MARATHON , FL 33050**Current Mailing Address:**P O BOX 522696  
MARATHON SHORES, FL 33052**FEI Number:** 59-2153608**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWELL , JENNIFER PRESIDENT  
78 COCO PLUM DRIVE  
MARATHON , FL 33050 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:** JENNIFER POWELL

02/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	HOFFMAN, DONNA M
Address	8085 OVERSTREET HWY
City-State-Zip:	MARATHON FL 33051

Title	P
Name	POWELL, JENNIFER
Address	78 COCO PLUM DRIVE
City-State-Zip:	MARATHON FL 33050

Title	D
Name	MILLER, RACHAEL
Address	P O BOX 522696
City-State-Zip:	MARATHON SHORES FL 33052

Title	D
Name	MARINARO, NICK
Address	P O BOX 522696
City-State-Zip:	MARATHON SHORES FL 33052

Title	D
Name	HENDRICKSON, KATHY
Address	P O BOX 522696
City-State-Zip:	MARATHON SHORES FL 33052

Title	D
Name	ZIMMERMAN, JOANNE
Address	P O BOX 522696
City-State-Zip:	MARATHON SHORES FL 33052

*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:** HOFFMAN, DONNA M

TREASURER

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date