

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756921

**Entity Name:** DOMESTIC ABUSE SHELTER, INC.**Current Principal Place of Business:**6801 OVERSEAS HIGHWAY  
MARATHON , FL 33050**Current Mailing Address:**P O BOX 522696  
MARATHON SHORES, FL 33052 US**FEI Number:** 59-2153608**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWELL , JENNIFER PRESIDENT  
6801 OVERSEAS HIGHWAY  
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

02/06/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            HOFFMAN, DONNA M  
Address        P.O. BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052

Title            VICE-PRESIDENT  
Name            WAGNER, RACHAEL  
Address        PO BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052

Title            DIRECTOR  
Name            BRYAN, SPENSER  
Address        P O BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052

Title            DIRECTOR  
Name            MCGRATH, PATRICIA  
Address        P O BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052

Title            PRESIDENT  
Name            POWELL, JENNIFER  
Address        P.O. BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052

Title            DIRECTOR  
Name            LUNDY, REBECCA  
Address        P O BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052

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

Title            DIRECTOR  
Name            BROWN, RACHEL  
Address        P O BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052

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*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:** JENNIFER POWELL

PRESIDENT

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ARRABEL, ASHLEY  
Address P O BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052

Title DIRECTOR  
Name NOGUERAS, YOLANDA  
Address P O BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052

Title DIRECTOR  
Name BATTY, DEBBIE  
Address P O BOX 522696  
City-State-Zip: MARATHON SHORES FL 33052