

2021 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

01/26/2021

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

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

Title DIRECTOR
Name ARRABEL, ASHLEY
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

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BATTY, DEBBIE
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