

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006362

FILED
Feb 12, 2014
Secretary of State
CC8598593379

Entity Name: GIVE ME SHELTER MINISTRIES, INC

Current Principal Place of Business:

151 COUNTRY CLUB RD
SHALIMAR, FL 32579

Current Mailing Address:

P O BOX 864
SHALIMAR, FL 32579

FEI Number: 26-0421827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS, KENNETH
151 COUNTRY CLUB RD
SHALIMAR, FL 32579 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name PHILLIPS, KENNETH
Address 151 COUNTRY CLUB RD
City-State-Zip: SHALIMAR FL 32579

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

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

Title DIRECTOR
Name PANZENHAGEN, DONALD
Address 267 EWING CT
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR
Name HALE, NANCY
Address 1187 CATHRIDGE TRACE
City-State-Zip: FORT WALTON BEACH FL 32547

Title PRESIDENT
Name ALLEN, BRENT
Address 104 GILMORE DR
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR
Name JOHNSTON, DENISE
Address 106 HANDS COVE LANE
City-State-Zip: SHALIMAR FL 32579

Title DIRECTOR
Name CUNNINGHAM, MIKE
Address 494 HANOVER PORT LANE
City-State-Zip: FORT WALTON BEACH FL 32547

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: KENNETH PHILLIPS

DIRECTOR

02/12/2014

Electronic Signature of Signing Officer/Director Detail

Date