

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 07, 2008
Secretary of State

DOCUMENT# 756921

Entity Name: DOMESTIC ABUSE SHELTER, INC.**Current Principal Place of Business:**531 SOUTHARD ST.
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**P O BOX 522696
MARATHON SHORES, FL 33052**New Mailing Address:****FEI Number:** 59-2153608**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PHILLIPS, SHERRY
531 SOUTHARD ST
KEY WEST, FL 33040 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 () Delete
Name: PHILLIPS, SHERRY
Address: 531 SOUTHARD ST
City-St-Zip: KEY WEST, FL 33040**Title:** D () Delete
Name: GRUETZMANN, ANGELA
Address: 510 43RD ST
City-St-Zip: MARATHON, FL 33050**Title:** D () Delete
Name: MARZOA, GUADALUPE
Address: 10680 7TH AVE GULF
City-St-Zip: MARATHON, FL 33050**Title:** D () Delete
Name: KAHN, LARRY
Address: 4800 OVERSEAS HWY
City-St-Zip: MARATHON, FL 33050**Title:** D () Delete
Name: LEE, DONNIE
Address: 1604 N ROOSEVELT BLVD
City-St-Zip: KEY WEST, FL 33040**Title:** D (X) Delete
Name: CASTILLO, ROBERTA
Address: PO BOX 430668
City-St-Zip: BIG PINE KEY, FL 33040**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERRY PHILLIPS

PRES

08/07/2008

Electronic Signature of Signing Officer or Director

Date