

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756921

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** DOMESTIC ABUSE SHELTER, INC.

**Current Principal Place of Business:**

531 SOUTHARD ST.  
KEY WEST, FL, FL 33040

**New Principal Place of Business:**

300 SOUTHARD ST.  
KEY WEST, FL, FL 33040

**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:**

KAHN, LARRY  
531 SOUTHARD ST  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

COTTER AMBLER, CAROLYN PRES  
300 SOUTHARD ST  
KEY WEST, FL 33040 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: CAROLYN COTTER AMBLER

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COTTER AMBLER, CAROLYN  
Address: 300 SOUTHARD ST  
City-St-Zip: KEY WEST, FL 33040

Title: VP  
Name: KAHN, LARRY  
Address: 4800 OVERSEAS HIGHWAY #3  
City-St-Zip: MARATHON, FL 33050

Title: T  
Name: HOFFMAN, DONNA M  
Address: 428 8TH STREET  
City-St-Zip: MARATHON, FL 33050

Title: S  
Name: POWELL, JENNIFER J  
Address: 11202 3RD AVENUE OCEAN  
City-St-Zip: MARATHON, FL 33050

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: JO ANN ORR

DOF

04/12/2012

Electronic Signature of Signing Officer or Director

Date