

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766222** (4)

1. Corporation Name
LODESTAR SHELTER, INC.



Principal Place of Business P O BOX 2203 AUBURNDALE FL 33823	Mailing Address P O BOX 2203 AUBURNDALE FL 33823-6203
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3. Date Incorporated or Qualified 12/21/1982	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 187 Peta La. Suite, Apt. #, etc.	2a. Mailing Address 26 187 Peta La. Suite, Apt. #, etc.	4. FEI Number 59-2244310	Applied For <input type="checkbox"/> Not Applicable
22 Mena, AR City & State	27 Mena, AR City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 71953 Zip 25 Country	28 71953 Zip 30 USA Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANDREWS, VICTORIA M 2210 NEWCOME RD ALTURAS FL 33820	10. Name and Address of New Registered Agent 81 Jennifer Lugenbeel 82 4923 Bobbie Avenue 83 84 Lakeland, FL 85 33809 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jennifer Lugenbeel* **JENNIFER LUGENBEEL** **4-19-97** DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, VICTORIA M.	1.2 NAME	
STREET ADDRESS	5290 NEWCOME ROAD	1.3 STREET ADDRESS	187 PETA LANE
CITY-ST-ZIP	ALTURAS FL	1.4 CITY-ST-ZIP	MBNA, AR 71953
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGENBEEL, JENNIFER	2.2 NAME	
STREET ADDRESS	4923 BOBBIE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, GAIL C	3.2 NAME	
STREET ADDRESS	281 RIDGEWAY TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKTON, FRANK D	4.2 NAME	
STREET ADDRESS	194 PETA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENA AR	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKTON, DIANE D	5.2 NAME	
STREET ADDRESS	194 PETA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENA AR	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Victoria M. Andrews* **VICTORIA M. ANDREWS** **394-5969** (501)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-19-97** DATE Daytime Phone # **0083280**

CR2E037 (9/96)