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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 09 1997 8:00am

Secretary of State

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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LODESTAR SHELTER, INC.

| Principal Plac | ce of Business | Mailing Address | | | i embem mitira mille himin station i | ITAL BLOK BIBIT BLOK ETELL | BIANI DIDIN NEBI | |
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| P O BOX 2203 AUBURNDALE FL 33823 | | P O BOX 2203 AUBURNDALE FL 33823-6203 | | | | | * | |
| | | | | | rporated or Qualified 21/1982 | 3a. Date of Last f 05/01/19 | | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Numb | 2244310 | | pplied For | |
| 21 <u>18</u> Suite, Apt. | B7_Peta_La | 26 187 Peta La Suite, Apt. #, etc. | 3 | 35 | 22440 10 | | ot Applicable | |
| · | ena. AR | 27 | | 5. Certificate | of Status Desired | | Additional equired | |
| City & Stat | | City & State | | 6. Election (| Campaign Financing | | May Be | |
| 23 Me | ena. AR | 28 Mena, AR | 71.953 | 1 | d Contribution | | to Fees | |
| Zip | Country | Zip | Country | 8. This corp | oration has liability for Ir | | s. 199.032, | |
| 24 7] | 1953 ²⁵ Beak | 29 71953 3 | o USA | Florida St | | Yes 🔀 No | | |
| | 9. Name and Address of Curren | nt Registered Agent | 04 1 | 10. Name an | d Address of New Reg | platered Agent | | |
| | | | 81 Name | | | | | |
| ANDREWS, VICTORIA M | | | 82 Strbe | 82 StroePAGA Ser (P.S. BOX NUMBER IN REACCEPTABLE) | | | | |
| 2210 NEWCOME RD | | | 83 401 | Bobbie Av | enue | | | |
| ALTUR/ | AS FL 33820 | | 83 | | 00 | | * | |
| | | | 84 City | | · · · · · · · · · · · · · · · · · · · | 85 Zip | Code | |
| 44 Physocost | to the provisions of Continue 617.060 | 12 and 617 1509 Elevida Statutes | the above nemed | Lakeland, | FI. | | | |
| office or | to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the oblig | of Florida Such change was au | thorized by the corp | poration's board of di | rectors. I hereby accep | t the appointment as | s registered | |
| agent. La | am amiliar with, and accept the oblig | ations of Section 617.0503, Flori | da Statutes. | | | | | |
| | | 2. X | "To | A 1 | _ | | | |
| | White I Sumb | m - | JENNIFE | R LUGEN. | _ | 4-19-97 | | |
| | Synature, typish or printed name of registered age | ent and title if applicable. (NOTE: f | JENNIFE Registered Agent signature 1 13. | R LUGEN. required when reinstating) | _ | DATE | | |
| SIGNATURE | Synature, typish or printed name of registered age | m - | JENNIFE Registered Agent signature | R LUGEN. required when reinstating) | BEEL | DATE | | |
| SIGNATURE | Juniorus, rychi oʻprinled name oʻrisigingled age OFFICERS ANI | ont and title if a palicable. (NOTE: I D DIRECTORS | JENNIFE Registered Agent signature 13. | R LUGEN. required when reinstating) | BEEL | DATE ERS AND DIRECTO | RS IN 12 | |
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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.