

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766222**

1. Corporation Name

**LODESTAR SHELTER, INC.**

Principal Place of Business

187 POLK RD 20 EAST  
COVE AR 71937  
US

Mailing Address

P O BOX 994  
MENA AR 71953  
US

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90084 040 \*\*\*\*61.25

472577-90084-40



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/21/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2244310**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 25 29 30  
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUGENBEEL, JENNIFER**  
**4923 BOBBIE AVE.**  
**LAKELAND FL 33809**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**2316 53rd St.**

83

84 City **Sarasota** **FL** 85 Zip Code **34234**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PTD**  
STREET ADDRESS **ANDREWS, VICTORIA M.**  
CITY-ST-ZIP **187 POLK RD 20 WEST**  
**COVE AR 71937**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **LUGENBEEL, JENNIFER**  
CITY-ST-ZIP **4923 BOBBIE AVE.**  
**LAKELAND FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **2316 53rd St.**  
2.4 CITY-ST-ZIP **Sarasota, FL 34234**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **THOMAS, JANE**  
CITY-ST-ZIP **337 POLK RD 228**  
**COVE AR 71937-0418**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Victoria M. Andrews Pres.* 4-26-99 (870)381-5632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)