

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766222

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: LODESTAR SHELTER, INC.

## Current Principal Place of Business:

223 OLD SILVER HILL ROAD  
GILLHAM, AR 71841 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 7  
GILLHAM, AR 71841 US

## New Mailing Address:

FEI Number: 59-2244310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PACE, JENNIFER  
2316 53RD ST.  
SARASOTA, FL 34234 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: PD ( ) Delete  
Name: ANDREWS, VICTORIA M.  
Address: P.O. BOX 7  
City-St-Zip: GILLHAM, AR 71841 US

Title: VPD ( ) Delete  
Name: PACE, JENNIFER  
Address: 2316 53RD ST.  
City-St-Zip: SARASOTA, FL 34234

Title: S ( ) Delete  
Name: THOMAS, JANE  
Address: 337 POLK RD 228  
City-St-Zip: COVE, AR 719370418

Title: T ( ) Delete  
Name: ANDREWS, VICTORIA M  
Address: P.O. BOX 7  
City-St-Zip: GILLHAM, AR 71841 US

## 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:

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: VICTORIA M. ANDREWS

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date