

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90005 043 ****61.25

DOCUMENT # N00000003755 1. Entity Name GIVE KIDS SAFE SHELTER, INC.					
Principal Place of Business 1502 B VILLAGE OAK LN KISSIMMEE, FL 34746			Mailing Address 1502 B VILLAGE OAK LN KISSIMMEE, FL 34746		
2. Principal Place of Business - No P.O. Box # 400 W. EMMETT ST		3. Mailing Address P.O. Box 420596			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL		4. FEI Number 59-3660444	
Zip 34741		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34742-0596		Country USA		02042008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CRUTCHFIELD, SUSAN 1502 B VILLAGE OAK LN KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent Name SANDRA GEROUX Street Address (P.O. Box Number is Not Acceptable) 3760 MANTEO CIRCLE City ORLANDO FL Zip Code 32837		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Sandra Geroux</i> SANDRA GEROUX, SECRETARY 3/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EC SEWELL, VALERIE 400 W EMMETT STREET KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KENNEY, BARBARA 1215 SPRUCE AVE ORLANDO, FL 32824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORWALK, DONALD 3385 W VINE ST, SUITE 207 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LYNN, SUSAN 4175 U.S. 1, #102 ROCKLEDGE, FL 32955		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LIZASUAIN, HECTOR 1 COURTHOUSE SE ST 100 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEROUX, SANDY 3760 MANTEO CIRCLE ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GEROUX, SANDRA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TURNER, DONNA 2850 FLORIDA PLAZA BLVD KISSIMMEE, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: V.F. Sewell VALERIE F. SEWELL 3/25/08 407 847-9433 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40054205
#N00000003755

GIVE KIDS SAFE SHELTER, INC.
LIST OF ADDITIONAL DIRECTORS
FOR 2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

Title: VC
Name: Haber, Terri
Street Address: 3030 Maingate Lane
City, State, Zip: Kissimmee, FL 34747

Title: VC
Name: Herstich, Judy
Street Address: 2755 Old Hickory Tree Road
City, State, Zip: St. Cloud, FL 34772

Title: D
Name: Terrico, Gene
Street Address: 4877 Lake Cecile Drive
City, State, Zip: Kissimmee, FL 34746-5124

Title: D
Name: DeFlora, Nina
Street Address: 120 Broadway, Suite 206
City, State, Zip: Kissimmee, FL 34741-5705

Title: D
Name: Smith, Gary
Street Address: 108 Celebration Blvd.
City, State, Zip: Celebration, FL 34747

Title: D
Name: Harrell, Jonathan
Street Address: 28 Broadway, Suite 202
City, State, Zip: Kissimmee, FL 334741

Title: D
Name: Thompson, Jasper
Street Address: 4373 Reaves Road
City, State, Zip: Kissimmee, FL 34742