

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0087875

**DOCUMENT # N00000008521**

1. Entity Name

**SHELTERING ARMS, INC.**

Principal Place of Business

8724 SW 108TH LANE RD.  
 Ocala FL 34481

Mailing Address

8724 SW 108TH LANE RD.  
 Ocala FL 34481

2. Principal Place of Business

7763 SW Hwy 200

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 76238

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL 34481

Zip

34476

Country

USA

Zip

34481

Country

USA

4. FEI Number

59-3698291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STERMER, ROBERT A  
 8585 SW HWY. 200, STE. 9  
 Ocala FL 34481

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DORIS H	
STREET ADDRESS	8724 SW 108 LANE RD	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLEM, JACKIE	
STREET ADDRESS	10680 SE 160 CT RD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	SEEMANN, MARVIN J	
STREET ADDRESS	16905 NW HIGHWAY 225	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SWONGER, RHODA L	
STREET ADDRESS	10097 SW 90 AV	
CITY-ST-ZIP	OCALA FL 34481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Doris H	
STREET ADDRESS	8724 SW 108 LANE RD	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Claude	
STREET ADDRESS	8254 SW 108 LOOP	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	2VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lipus, Christa S.	
STREET ADDRESS	10626 SW 27 AV. Lot G4	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWONGER, RHODA L	
STREET ADDRESS	10097 SW 90 AV	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Robert D	
STREET ADDRESS	5060 SW 103 ST. RD.	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Jerilyn	
STREET ADDRESS	5060 SW 103 ST. RD.	
CITY-ST-ZIP	OCALA, FL 34476	

12. 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 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:

*Rhoda L Swonger* RHODA L. SWONGER 3/19/02 352-854-7359

CR2E037 (9/01)