

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90039 038 *****61.25

DOCUMENT # N00000008521

1. Entity Name

SHELTERING ARMS, INC.



Principal Place of Business

7171 S W HWY 200
OCALA FL 34476
02

Mailing Address

P O BOX 76238
OCALA FL 34481

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME LIPUS, CHRISTA S
STREET ADDRESS 10620 S W 27TH AVE LOT G4
CITY-ST-ZIP Ocala FL 34476

TITLE 2VD ☐ Delete
NAME OLSEN, JUDITH A
STREET ADDRESS 8154 S W 100 ST
CITY-ST-ZIP Ocala FL 34481

TITLE TD ☐ Delete
NAME HOLLOWAY, MARSHA K
STREET ADDRESS 8283 SW 56TH TER
CITY-ST-ZIP Ocala FL 34481

TITLE PD ☒ Delete
NAME WILLIAMS, DORIS H
STREET ADDRESS 8724 SW 108 LANE RD
CITY-ST-ZIP Ocala FL 34481

TITLE SD ☒ Delete
NAME EVANS, KATHLEEN
STREET ADDRESS 5034 N W 57TH AVE
CITY-ST-ZIP Ocala FL 34482

TITLE D ☐ Delete
NAME COX, ALFRED E
STREET ADDRESS 11443 S W 78TH CIR
CITY-ST-ZIP Ocala FL 34476

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME Lipus, Christa S.
STREET ADDRESS 10620 SW 27th Ave Lot G4
CITY-ST-ZIP Ocala, FL 34476

TITLE MD ☒ Change ☐ Addition
NAME Williams, Doris H
STREET ADDRESS 8724 SW 108 Lane Road
CITY-ST-ZIP Ocala, FL 34481

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
NAME Nimmo, Brad
STREET ADDRESS 3240 SW 34th Street, Apt 516
CITY-ST-ZIP Ocala, FL 34474

TITLE SD ☒ Change ☐ Addition
NAME Sokol, Patricia T.
STREET ADDRESS 4061 SE 25th Terrace
CITY-ST-ZIP Ocala, FL 34480

TITLE VPD(18) ☒ Change ☐ Addition
NAME Cox, Alfred E.
STREET ADDRESS 11443 SW 78th Circle
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: *Doris H. Williams* Doris H. Williams

3/30/04 (352) 873-1485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #