

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008521

FILED
Jun 09, 2008
Secretary of State

Entity Name: SHELTERING ARMS, INC.

Current Principal Place of Business:

3500 SW 34 AVE. CIR.
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 771045
OCALA, FL 344771045 US

New Mailing Address:

FEI Number: 59-3698291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COUILLARD, TERRANCE D
10972 SW 86TH CT
OCALA, FL 34481 US

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: P () Delete
Name: COUILLARD, TERRY
Address: 10972 SW 86TH CT.
City-St-Zip: Ocala, FL 34481 US

Title: V () Delete
Name: COX, ALFRED E
Address: 11443 SW 78TH CIR.
City-St-Zip: Ocala, FL 34476 US

Title: 2NDV () Delete
Name: THAYER, TERRI
Address: 1201 NE 77TH ST.
City-St-Zip: Ocala, FL 34479 US

Title: T () Delete
Name: HOLLOWAY, MARSHA K
Address: 8283 SW 56TH TERR.
City-St-Zip: Ocala, FL 34476 US

Title: S () Delete
Name: OLSEN, JUDITH A
Address: 1829 SW 35TH AVE..
City-St-Zip: Ocala, FL 34474 US

Title: MD () Delete
Name: JACKSON, LORETTA
Address: 1217 NE OSCEOLA AVE
City-St-Zip: Ocala, FL 34470 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:

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: LORETTA JACKSON

MD

06/09/2008

Electronic Signature of Signing Officer or Director

Date