

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90100 014 ****61.25

DOCUMENT # N00000008521

1. Entity Name

SHELTERING ARMS, INC.



Principal Place of Business

**7763 SW HWY 200
OCALA FL 34476**

Mailing Address

**P.O BOX 76238
OCALA FL 34481**

2. Principal Place of Business

7171 SW Hwy 200
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

34476

Country

USA

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

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	MD	<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	JOHNSON, CLAUDE	
STREET ADDRESS	8254 SW 108TH LOOP	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	LIPUS, CHRISTA S	
STREET ADDRESS	10620 SW 27TH AVENUE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWONGER, RHODA L	
STREET ADDRESS	10097 SW 90 AV	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT D	
STREET ADDRESS	5060 SW 103RD STREET RD	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JERILYN	
STREET ADDRESS	5060 SW 103RD STREET RD	
CITY-ST-ZIP	OCALA FL 34476	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lipus, Christa S.	
STREET ADDRESS	10620 SW 27th Avenue, Lot G4	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	2VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olsen, Judith A.	
STREET ADDRESS	8154 SW 100th Street	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holloway, Marsha K.	
STREET ADDRESS	8283 SW 56th Terrace	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Doris H.	
STREET ADDRESS	8724 SW 108 Lane Road	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, Kathleen	
STREET ADDRESS	5034 NW 57th Avenue	
CITY-ST-ZIP	OCALA, FL 34482	

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** 2/10/03 (352) 873-1485

CR2E037 (10/02)

Attachment

N 000000008521

10. Officers and Directors (continued)

Title: D

Name: Cox, Alfred E.

Street Address: 11443 SW 78th Circle

City-St- Zip: Ocala, FL 34476

Title: D

Name: Nimmo, Brad

Street Address: 3240 SW 34th Street

Apt. 516
City-St- Zip: Ocala, FL 34474

80027687

Title: D

Name: Daniels, Harriet

Street Address: 4422 NW 22nd Avenue

City-St- Zip: Ocala, FL 34475

Title: D

Name: Gloman, Irving S.

Street Address: 8667 SW 65th Terrace

City-St- Zip: Ocala, FL 34476

Title: D

Name: Gloman, Joyce

Street Address: 8667 SW 65th Terrace

City-St- Zip: Ocala, FL 34476