

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003588

FILED
Aug 24, 2008
Secretary of State

Entity Name: SHELTER FROM THE STORM, INC.

Current Principal Place of Business:

1500 SE 23RD LANE
GAINESVILLE, FL 326411428

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1144
GAINESVILLE, FL 326021144

New Mailing Address:

FEI Number: 20-1114930 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:

EDWARDS, LYNDON C SR.
4306 NW 51ST DR.
GAINESVILLE, FL 326064321 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: CD () Delete
Name: COBB, JEFFERY
Address: 1500 SE 23RD LANE
City-St-Zip: GAINESVILLE, FL 32641

Title: TD () Delete
Name: EDWARDS, LYNDON C SR.
Address: 4306 NW 43RD ST.
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LYNDON C. EDWARDS

TD

08/24/2008

Electronic Signature of Signing Officer or Director

Date