

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006552

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** SHELTER IN THE TIME OF A STORM CHILD ABUSE CENTER, INC.

**Current Principal Place of Business:**

18401 NW 43RD COURT  
CAROL CITY, FL 33055

**New Principal Place of Business:**

600 MARSH ISLE CIRCLE  
APT 106  
PT. ST. LUCIE, FL 34952

**Current Mailing Address:**

18401 NW 43RD COURT  
CAROL CITY, FL 33055

**New Mailing Address:**

600 MARSH ISLE CIRCLE  
APT 106  
PT. ST. LUCIE, FL 34952

**FEI Number:** 34-2066081      **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:**

WILCOX, WANDA  
18401 NW 43RD COURT  
CAROL CITY, FL 33055      US

**Name and Address of New Registered Agent:**

WILCOX, WANDA  
600 MARSH ISLE CIRCLE  
APT 106  
PT. ST. LUCIE, FL 34952      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: WANDA WILCOX

05/01/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCHR      ( ) Delete  
Name: WILCOX, WANDA  
Address: 18401 NW 43RD COURT  
City-St-Zip: CAROL CITY, FL 33055

Title: PF      ( ) Delete  
Name: WILCOX, WANDA  
Address: 18401 NW 43RD COURT  
City-St-Zip: CAROL CITY, FL 33055

Title: VDCT      ( ) Delete  
Name: MILLER, MARCIA  
Address: 19270 N.W. 33RD COURT  
City-St-Zip: CAROL CITY, FL 33056

Title: SD      ( ) Delete  
Name: JOHNSON, ELOISE  
Address: 4001 NW 190TH STREET  
City-St-Zip: CAROL CITY, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DCHR      (X) Change ( ) Addition  
Name: WILCOX, WANDA  
Address: 600 MARSH ISLE CIRCLE  
City-St-Zip: PT. ST. LUCIE, FL 34952

Title: PF      (X) Change ( ) Addition  
Name: WILCOX, WANDA  
Address: 600 MARSH ISLE CIRCLE APT 106  
City-St-Zip: PT. ST. LUCIE, FL 34952

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: WANDA WILCOX

CEO

05/01/2008

Electronic Signature of Signing Officer or Director

Date