

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007518

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: THE MASTER'S SHELTER, INC.

## Current Principal Place of Business:

1600 N.W. 33 STREET  
# 16  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

1600 N.W. 33 STREET  
# 16  
POMPANO BEACH, FL 33064

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALL, HOLLIS M  
1600 N.W. 33 STREET  
#16  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

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,D ( ) Delete  
Name: HALL, HOLLIS M  
Address: 1600 N.W. 33RD STREET, #16  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP, ( ) Delete  
Name: GUADAGNINO, JOSEPH  
Address: 1081 S.W. 19 STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: T ( ) Delete  
Name: GUADAGNINO, ANTHONY  
Address: 4029 EASTRIDGE CIRCLE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: S ( ) Delete  
Name: LILLIE, ROBERT  
Address: 9910 CORONADO LAKE  
City-St-Zip: BOYNTON BEACH, FL 33437

## 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:

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: HOLLIS HALL

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date