

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 24, 2009
Secretary of State**

DOCUMENT# N08000006070

Entity Name: DISASTER RELIEF SHELTER FOUNDATION, INC.

Current Principal Place of Business:

5701 MIAN ST
NEW PORT RICHEY, FL 346522635

New Principal Place of Business:

5701 MAIN ST
NEW PORT RICHEY, FL 346522635

Current Mailing Address:

5701 MIAN ST
NEW PORT RICHEY, FL 346522635

New Mailing Address:

5701 MAIN ST
NEW PORT RICHEY, FL 346522635

FEI Number: 30-0490946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CATELLIER, ROLAND R
12109 SMOKEY LAKE LOOP
NEW PORT RICHEY, FL 34654 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: D () Delete
Name: CATELLIER, ROLAND R
Address: 12109 SMOKEY LAKE LOOP
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: DURSHIMER, VICKI
Address: 5701 MIAN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: VELTEN, FRANK J
Address: 5701 MIAN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DURSHIMER, VICKI
Address: 5701 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: VELTEN, FRANK J
Address: 5701 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

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: ROLAND R CATELLIER

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date