2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# N12530

Entity Name: SHELTER HOUSE, INCORPORATED

Current Principal Place of Business:

102 BUCK DRIVE
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

C/O EXECUTIVE DIRECTOR
P O BOX 220
FT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-2634092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEBS, JEANNETTE M
102 BUCK DRIVE
FT. WALTON BEACH, FL 32548 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:	PRES	( ) Delete
Name:	LAYNE, GEOFF	
Address:	2152 BRIARWOOD CIRCLE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	DIR.	(X) Delete
Name:	DOHENY, KATE	
Address:	209 COSTAKI CT.	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	VICE	( ) Delete
Name:	CREIGTHON, LAURA	
Address:	4475 NEWMARKET ROAD	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	SEC.	( ) Delete
Name:	LEHMANN, REBECCA	
Address:	1787 BRIZA DEL MAR	
City-St-Zip:	NAVARRE, FL 32566	
Title:	DD	( ) Delete
Name:	BARRINEAU, ASHLEY	
Address:	911 SHALIMAR POINT DRIVE	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	DD	( ) Delete
Name:	WILSON, BEVERLY	
Address:	775 GULF SHORE DRIVE # 302	
City-St-Zip:	DESTIN, FL 32541	

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:	
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 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: JEANNETTE DEBS DIR. 02/22/2007

Electronic Signature of Signing Officer or Director — Date