FILE NOW: FILING FEE IS $61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N51166** **(9)**

1. Corporation Name

DOMESTIC ABUSE SAFE HOUSE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1484 ENGLEWOOD FL 34295	P.O. BOX 1484 ENGLEWOOD FL 34295-1484

3. Date Incorporated or Qualified: **09/30/1992**
3a. Date of Last Report: **02/08/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0390963** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STOTTSBERRY, PATRICIA
33 OAKLAND HILLS PL.
ROTONDA WEST FL 33947

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	TD	☐ Change ☐ Addition
NAME	DEWITT, MARIE		1.2 NAME	DeWitt, Marie	
STREET ADDRESS	280 BRIGHTON COURT		1.3 STREET ADDRESS	280 Brighton Court	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	~~Englewood, FL 34223~~	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	ANNE, ROBERTA		2.2 NAME	Anne, Roberta	
STREET ADDRESS	13496 ISABELL AVE		2.3 STREET ADDRESS	13496 Isabell Ave.	
CITY-ST-ZIP	PT CHARLOTTE FL		2.4 CITY-ST-ZIP	~~Port Charlotte, FL 33981~~	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	STOTTSBERRY, PATRICIA		3.2 NAME	Stottsberry, Patricia	
STREET ADDRESS	33 OAKLAND HILLS PL		3.3 STREET ADDRESS	33 Oakland Hills PL	
CITY-ST-ZIP	ROTONDA WEST FL 33947		3.4 CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	D	☒ DELETE	4.1 TITLE	PD	☐ Change ☐ Addition
NAME	GHOSH, JUDY		4.2 NAME	Schnaufer, Laurie	
STREET ADDRESS	1737 BAYSHORE DR		4.3 STREET ADDRESS	1300 Shoreview Dr.	
CITY-ST-ZIP	ENGLEWOOD FL 34223		4.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	PD	☐ DELETE	5.1 TITLE	SD	☐ Change ☐ Addition
NAME	SCHNAUFER, LAURIE		5.2 NAME	Zic, Terry	
STREET ADDRESS	1300 SHOREVIEW DR		5.3 STREET ADDRESS	42 Bunker Place	
CITY-ST-ZIP	ENGLEWOOD FL		5.4 CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZIC, TERRY		6.2 NAME		
STREET ADDRESS	42 BUNKER PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie L. DeWitt REQUIRED 4/29/97 (941) 475-2623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064837