FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N51166

(9)

DOMESTIC ABUSE SAFE HOUSE, INC.

NAME CHANGE

DOMESTIC ABUSE SHELTER HOME, INC.

FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business			Mailing Address				r raavrer ser giver treet treet state sitt sitt sitt sitt sitt sitt sitt si	
P.O. BOX 1484 ENGLEWOOD FL 34295			P.O. BOX 1484				3. Date Incorporated or Qualified	
		ENGLEWOOD FL 34295					09/30/1992	
							4. FEI Number Applied For	
							65-0390963 Not Applicable	
2. Principal Place of Business			2a. Mailing Address				E0 75 Additional	
21			26				5. Certificate of Status Desired Fee Required	
Suite, Apt #, etc			Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be	
22							Trust Fund Contribution Added to Fees	
City & State			City & State				7. Is this nonprofit corporation a homeowners association?	
23		28					☐ Yes 🕱 No	
Zip	Country	<u> </u>	Zip		untry		8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre	29 ant Regis	stered Agent	30	T		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	J. Hamo and Recipe of Out		North Again		81	Name	IU. Hamb and Address of New Propisional Agent	
CTOTTO	DEDDY DATOKAL						RIE SCHNAUEED	
STOTTSBERRY, PATRICIA 33 OAKLAND HILLS PL.					82	Street	Address (P.U. Box Number is Not Acceptable)	
ROTONDA WEST FL 33947					83	1300	O SHOREVIEW DR.	
ROTON	DA WEST PL 33841							
]					84	City	85 Zip Code	
11. Pursuant	to the provisions of Section 617.09	02 and 6	17.1508. Florida Statu	ites, the a	bove	Eng.	lewood, \$4223 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.								
ı /				iorida Sia	ilules.		4/11/00	
SIGNATURE	Signalun Typod or printed name of registeriid a	gent and the	II applicable (NO	TE Rogistere	d Agen	t signature	e required when reinstating) DATE	
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD		DELETE	1.1 T	ITLE		☐ Change ☐ Addition	
NAME	DEWITT, MARIE			1.2 N	IAME			
STREET ADDRESS	280 BRIGHTON COURT			1.3 \$	TAEET A	WDDAESS		
CITY-ST-ZIP	ENGLEWOOD FL			1.4 0	ITY-ST	- ZIP		
TITLE	VD		DELETE	2.1 1	ITLE		VD Change Addition	
NAME	ANNE, ROBERTA			2.2 N	AME	9	PRADLIN, CAROLYN	
STREET ADDRESS	13496 ISABELL AVE			2.3 S	TREET A	LODRESS	2021 MASSACHUSETTS	
CITY-ST-ZIP	PT CHARLOTTE FL				CITY-ST	-ZIP	ENGLEWOOD ET 34224	
TITLE	D		DELETE	3.1 T			D Change Addition	
NAME	STOTTSBERRY, PATRICIA			3.2 N			IT	
STREET ADDRESS	33 OAKLAND HILLS PL					DDRESS	TYNO, JUDY	
CITY-ST-ZIP	ROTONDA WEST FL 33947		DELETE	_	CITY-ST	- ZIP	290 BRIGHTON COURT	
TITLE	PD COMMANDED LANDE		☐ DELETE	417			ENGLEWOOD, FL. 34223 Change Addition	
NAME .	SCHNAUFER, LAURIE			4.21				
STREET ADDRESS	1300 SHOREVIEW DR					ODRESS		
CITY-ST-ZIP TITLE	ENGLEWOOD FL PD		DELETE		ITY - ST-	- ZIP	Change Addition	
NAME	· · ·		PHOELETE	517			- · · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	SCHNAUFER, LAURIE 1300 SHOREVIEW DR			5.2 N			HARTWIG, CATHY	
	ENGLEWOOD FL						1041 KANT	
CITY-ST-ZIP TITLE	SO PL	•	DELETE	5.4 C 6.1 Ti	ITY-ST-		ENGLEWOOD, FL. 34224 Change Addition	
NAME	ZIC, TERRY		DECEM	6.1 II			Δυ — ··· • • • • • • • • • • • • • • • • •	
STREET ADDRESS	42 BUNKER PLACE						WAGNER, ANN	
	ROTONDA FL					DDRESS	1767 NEW POINT COMFORD RD	
CITY-ST-ZIP	NUTUR FL			■ 6.4 C	ITY - ST-	-71P I	DVGT TILGES	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Thereby 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.