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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N51166**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0390963 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHNAUFER, LAURIE
1300 SHOREVIEW DR
ENGLEWOOD FL 34223

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	Treasurer	☒ Change ☐ Addition
NAME	DEWITT, MARIE		1.2 NAME	Diana Jordan	
STREET ADDRESS	280 BRIGHTON COURT		1.3 STREET ADDRESS	1865 Blue Bird Lane	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	Englewood, FL 34224	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPRADLIN, CAROLYN		2.2 NAME		
STREET ADDRESS	2021 MASSAACHUSETTS		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34224		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TYNO, JUDY		3.2 NAME		
STREET ADDRESS	290 BRIGHTON CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHNAUFER, LAURIE		4.2 NAME		
STREET ADDRESS	1300 SHOREVIEW DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARTWIG, CATHY		5.2 NAME		
STREET ADDRESS	1041 KANT		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34424		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WAGNER, ANN		6.2 NAME		
STREET ADDRESS	1767 NEW POINT COMFORD RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		6.4 CITY-ST-ZIP		

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. 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, with all other like empowered.

SIGNATURE: Laurie Schnaufer **TITLE REQUIRED** 1/25/99 941-475-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)