# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 14, 2004**
**Secretary of State**

DOCUMENT# N51166

**Entity Name:** DOMESTIC ABUSE SAFE HOUSE, INC.

**Current Principal Place of Business:**

P.O. BOX 1484
ENGLEWOOD, FL 34295

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1484
ENGLEWOOD, FL 34295

**New Mailing Address:**

**FEI Number: 65-0390963** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STURGES, JR., ERNEST W ESQ
18501 MURDOCK CIRCLE
SUITE 501
PORT CHARLOTTE, FL 33948 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: | PD | ( ) Delete |
| Name: | RUSSELL, ED | |
| Address: | 11045 TAMIAMI TRAIL, S. | |
| City-St-Zip: | WARM MINERAL SPRINGS, FL 34287 | |
| Title: | TD | ( ) Delete |
| Name: | GROSS, BARBARA | |
| Address: | 6468 SAFFROD TERRACE | |
| City-St-Zip: | NORTH PORT, FL 34287 | |
| Title: | D | ( ) Delete |
| Name: | MARKS, LYN | |
| Address: | 2065 LYNX RUN | |
| City-St-Zip: | NORTH PORT, FL 34288 | |
| Title: | VD | ( ) Delete |
| Name: | BRENNER, GARY | |
| Address: | 7094 DATELAND STREET | |
| City-St-Zip: | ENGLEWOOD, FL 34224 | |
| Title: | D | ( ) Delete |
| Name: | WAGNER, ANN | |
| Address: | 1767 NEW POINT COMFORD RD | |
| City-St-Zip: | ENGLEWOOD, FL 34223 | |
| Title: | SD | ( ) Delete |
| Name: | RAYNOR, DEBRA | |
| Address: | 5650 N. PORT BLVD | |
| City-St-Zip: | NORTH PORT, FL 34287 | |

**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 Section 119.07(3)(i), 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: RUSSELL, ED PD 07/14/2004

Electronic Signature of Signing Officer or Director — Date