2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# N51166

Entity Name: DOMESTIC ABUSE SHELTER HOMES, INC.

Current Principal Place of Business:

2400 S. MCCALL RD
ENGLEWOOD, FL 34224

New Principal Place of Business:

2400 S. MCCALL RD
SUITE E
ENGLEWOOD, FL 34224

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:

NOBILE, RONALD G
2400 S. MCCALL RD
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

BRENNEMAN, BETTY L
2400 S. MCCALL RD
ENGLEWOOD, FL 34224 US

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: BETTY L. BRENNEMAN 01/25/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: NOBILE, RONALD G
Address: 12112 SUMMER MEADOW DRIVE
City-St-Zip: BRADENTON, FL 34202

Title: FO ( ) Delete
Name: GROSS, BARBARA
Address: 6468 SAFFORD TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: SEC ( ) Delete
Name: WYMAN, JEANNE
Address: 188 CADDY ROAD
City-St-Zip: ROTONDA, FL 33947

Title: BOD ( ) Delete
Name: BRENNER, GARY
Address: 7094 DATELAND STREET
City-St-Zip: ENGLEWOOD, FL 34224

Title: DVC ( ) Delete
Name: THOROMAN, MARY M DET
Address: 5650 NORTH PORT BLVD.
City-St-Zip: NORTH PORT, FL 34287

Title: BOD ( ) Delete
Name: BRENNEMAN, BETTY L
Address: 9193 SPRING VALLEY ROAD
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BRENNEMAN, BETTY L
Address: 9193 SPRINT VALLEY ROAD
City-St-Zip: ENGLEWOOD, FL 34224

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: BETTY L. BRENNEMAN PRES 01/25/2006
Electronic Signature of Signing Officer or Director Date