2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51166

FILED Feb 02, 2009 Secretary of State

Entity Name: DOMESTIC ABUSE SHELTER HOMES, INC.

Current Principal Place of Business: New Principal Place of Business:

2828 SOUTH MCCALL ROAD UNIT 112 & 113 ENGLEWOOD, FL 34224

New Mailing Address: Current Mailing Address:

P.O. BOX 1484

ENGLEWOOD, FL 34295

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

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

WATTERS, WARREN BRENNER, GARY L PRES 2828 SOUTH MCCALL ROAD 2828 SOUTH MCCALL ROAD UNIT 112 & 113 UNIT 112 & 113 ENGLEWOOD, FL 34224 US 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: GARY BRENNER 02/02/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete (X) Change () Addition WATTERS, WARREN PRES BRENNER, GARY L PRES Name: Name: 360 CAPSTON DRIVE Address: 7194 DATELAND ST. Address:

PLACIDA, FL 33946 ENGLEWOOD, FL 34224 City-St-Zip: City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition BRENNER, GARY SEC Name: WAGNER, VALERIE T SEC Name:

Address: 7194 DATELAND STREET Address: PO BOX555 City-St-Zip: ENGLEWOOD,, FL 34224 City-St-Zip: ENGLEWOOD, FL 34295

Title: BOD () Delete Title: (X) Change () Addition MARTIN, LESLIE E BOD MARTIN, LESLIE E VP Name: Name:

Address: 302 CAPATOLA STREET Address: 302 CAPATOLA STREET City-St-Zip: PT. CHARLOTTE, FL 33948 City-St-Zip: PT. CHARLOTTE, FL 33948

Title: BOD () Delete Title: BOD (X) Change () Addition

Name: LECLERC, DONNA BOD Name: MALLEK, CHARLES BOD 1361 BAYSHORE DR Address: Address: 2700 N. BEACH RD. E202 City-St-Zip: ENGLEWOOD,, FL 34223 City-St-Zip: ENGLEWOOD, FL 34223

Title: BOD (X) Delete Title: () Change () Addition

ZRIMEC, JAY ADM. Name: Name: 1274 HARBOR TOWN WAY Address: Address: City-St-Zip: VENICE., FL 34292 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY L. BRENNER **PRES** 02/02/2009