

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90144 040 ****61.25

0015679

DOCUMENT # N51166			
1. Entity Name DOMESTIC ABUSE SAFE HOUSE, INC.			
Principal Place of Business P.O. BOX 1484 ENGLEWOOD FL 34295		Mailing Address P.O. BOX 1484 ENGLEWOOD FL 34295	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0390963		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JORDAN, DIANA 1865 BLUE BIRD LANE ENGLEWOOD FL 34224		7. Name and Address of New Registered Agent Name Ernest W. Sturges, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable) 18501 Murdock Circle, Suite 501 City Port Charlotte, FL Zip Code 33948	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* 07-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JORDAN, DIANA 1865 BLUE BIRD LANE ENGLEWOOD FL 34-2245 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ed Russell 11045 Tamiami Trail, S. Warm Mineral Springs, FL 34287 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRADLIN, CAROLYN 2021 MASSACHUSETTS ENGLEWOOD FL 34224 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Barbara Gross 6468 Safford Terrace North Port, FL 34287 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUHN, JEAN 1390 TRIPOLI ST NORTH PORT FL 34286 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lyn Marks 2065 Lynx Run North Port, FL 34288 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRENNER, GARY 3551 SYDNEY AVE NORTH PORT FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gary Brenner 7194 Dateland Street Englewood, FL 34224 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNER, ANN 1767 NEW POINT COMFORT RD ENGLEWOOD FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ann Wagner 1767 New Point Comfort Rd. Englewood, FL 34223 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAYNOR, DEBRA 5650 N. PORT BLVD NORTH PORT FL 34287 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

07-25-2003

(941) 426-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)