

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N92000001005	
1...Entity Name SHELTER FROM THE STORM AFFORDABLE HOUSING CORPORATION	

07 JUN -7 PM 3:55

TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/06)

Principal Place of Business PO BOX 5706 OCALA FL 34478	Mailing Address P.O. BOX 5706, N/A OCALA FL 34478 US
2. Principal Place of Business - No P.O. Box # 709 NW 22nd Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala, FL 34476	City & State
Zip	Country

4. FEI Number 59-3167404	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E VIRGINIA ST SUITE 1 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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, 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 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																															
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Carol Schmidt 4/15/07 813 254-5272