

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001005

FILED
Apr 08, 2009
Secretary of State

Entity Name: SHELTER FROM THE STORM AFFORDABLE HOUSING CORPORATION

Current Principal Place of Business:

709 NW 22ND ST.
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5706, N/A
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3167404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE, FL 32301 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: SD () Delete
Name: SCHMIDT, WHITNEY
Address: 400 N TAMPA ST
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: BASSETTE, ROSS
Address: 4311 DUNMORE
City-St-Zip: TAMPA, FL 33611

Title: PT () Delete
Name: SCHMIDT, CAROL
Address: NW 22ND ST BOX 5706
City-St-Zip: OCALA, FL 34478

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:

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: CAROL SCHMIDT

PT

04/08/2009

Electronic Signature of Signing Officer or Director

Date