

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003602 (0)**

1. Corporation Name

SHELTER FROM THE STORM, INC.

Principal Place of Business

Mailing Address

303 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780

PO BOX 6697
TITUSVILLE FL 32782

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1993	3a. Date of Last Report 04/07/1994
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRULEY, ALICE
203 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRULEY, DONALD	12	
STREET ADDRESS	3543 BREVARD RD.	13	
CITY-ST-ZIP	MIMS FL 32754	14	
TITLE	D / P	21	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRULEY, ALICE	22	
STREET ADDRESS	3543 BREVARD RD.	23	
CITY-ST-ZIP	MIMS FL 32754	24	
TITLE	D	31	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOATS, LINDA	32	
STREET ADDRESS	1018 ALBINE STREET	33	
CITY-ST-ZIP	COCOA FL 32927	34	
TITLE	D	41	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOATS, FRED	42	
STREET ADDRESS	1018 ALBINE STREET	43	
CITY-ST-ZIP	COCOA FL 32927	44	
TITLE	Mitchell Mobbis D/M	54	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4012 Holdet Park Dr.	55	
STREET ADDRESS	MIMS, FL 32754	61	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		62	
TITLE		63	
NAME		64	
STREET ADDRESS			
CITY-ST-ZIP			

Sony about Block #12. Name should be #13

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice Druley Alice Druley 4-12-95 (407) 383-4052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)