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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 32782-6697



3. Date Incorporated or Qualified  
08/09/1993

3a. Date of Last Report  
03/19/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 2035 Cheney Hy. (50)

26 PO Box 6697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28 Titusville FL

Zip

Country

Zip

Country

24

25

29

32782

30

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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  
NAME DRULEY, DONALD  
STREET ADDRESS 3543 BREVARD RD.  
CITY- ST- ZIP MIMS FL 32754

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE DP  
NAME DRULEY, ALICE  
STREET ADDRESS 3543 BREVARD RD.  
CITY- ST- ZIP MIMS FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE D  
NAME MOATS, LINDA  
STREET ADDRESS 1018 ALBINE STREET  
CITY- ST- ZIP COCOA FL 32927

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE D  
NAME MOATS, FRED  
STREET ADDRESS 1018 ALBINE STREET  
CITY- ST- ZIP COCOA FL 32927

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE DM  
NAME MORRIS, MITCHELL  
STREET ADDRESS 4012 HOLDER PARK DR  
CITY- ST- ZIP MIMS FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Alice Druley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97 (408) 383-4082  
Date Daytime Phone # 0015189

CR2E037 (9/96)