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Apr 15, 1999 8:00 am
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04-15-1999 90067 020 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003602

1. Corporation Name

SHELTER FROM THE STORM, INC.

Principal Place of Business

2035 CHENEY HY (50)
TITUSVILLE FL 32780
US

Mailing Address

PO BOX 6697
TITUSVILLE FL 32782



2. Principal Place of Business

21 1313C-S Washington Ave.
Suite, Apt. #, etc.

22 City & State
Titusville, FL

23 Zip Country
32782-6697 FL

24 25 Brevard

2a. Mailing Address

26 P.O. Box 6697
Suite, Apt. #, etc.

27 City & State
Titusville, FL

28 Zip Country
32782-6697 FL

29 30 Brevard

3. Date Incorporated or Qualified

08/09/1993

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

9. Name and Address of Current Registered Agent

DRULEY, ALICE
203 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

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

TITLE D
NAME DRULEY, DONALD
STREET ADDRESS 3543 BREVARD RD.
CITY-ST-ZIP MIMS FL 32754

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

☐ Change ☐ Addition

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14. 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 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, with all other like empowered.

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

4-7-99
Date

(407) 383-4082
Daytime Phone #

CR2E037-11/198