

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000006674****1. Entity Name**
MARY'S SHELTER, INC.

Principal Place of Business	Mailing Address
106 PINE TREE LANE	106 PINE TREE LANE
ALTAMONTE SPRINGS FL 32751	ALTAMONTE SPRINGS FL 32751

2. Principal Place of Business	3. Mailing Address
106 PINE TREE LANE	106 PINE TREE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
ALTAMONTE SPRINGS FL	ALTAMONTE SPRINGS FL	59-3479407	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
32714			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANLEY FREDERIC JR. 990 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714 US	Name STANLEY FREDERIC JR. Street Address (P.O. Box Number is Not Acceptable) 260 MAITLAND AVENUE #1500 City ALTAMONTE SPRINGS FL Zip Code 32701

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.

SIGNATURE FREDERIC STANLEY, JR.	04/07/2001
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>DATE</small>

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to 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 exemption stated in Section 119.07(3)(f), 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: CAROLINE ROUTSON	D	04/07/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)