

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009215

**Entity Name:** SHELTER ME CITRUS INC

**Current Principal Place of Business:**

5075 S. SHORELINE DR.  
FLORAL CITY, FL 34436

**Current Mailing Address:**

P. O. BOX 1111  
INVERNESS, FL 34451 US

**FEI Number:** 81-3630387

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHMID, DONNA R  
5075 S. SHORELINE DR.  
FLORAL CITY, FL 34436 US

*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:** DONNA R SCHMID

04/06/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SCHMID, DONNA R.  
Address 5075 S. SHORELINE DR.  
City-State-Zip: FLORAL CITY FL 34436

Title S/T  
Name RESSLER, DEBBIE  
Address 9373 E. RIVERMOON CT.  
City-State-Zip: INVERNESS FL 34453

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONNA R SCHMID

P

04/06/2018

Electronic Signature of Signing Officer/Director Detail

Date