

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17309

**Entity Name:** THE SHELTER FOR ABUSED WOMEN & CHILDREN, INC.

**Current Principal Place of Business:**

2635 WEEKS AVENUE  
NAPLES, FL 34112

**Current Mailing Address:**

P.O. BOX 10102  
NAPLES, FL 34101 US

**FEI Number:** 59-2752895

**Certificate of Status Desired:** Yes

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

ROETZEL AND ANDRESS  
850 PARK SHORE DRIVE  
NAPLES, FL 34103 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIR  
Name WALTRIP, BILL  
Address 640 BRIDGEWAY LANE  
City-State-Zip: NAPLES FL 34108

Title TREASURER  
Name CLAYTON, AMY  
Address 2120 LAGUNA WAY  
City-State-Zip: NAPLES FL 34109

Title CEO  
Name OBERHAUS, LINDA  
Address P. O. BOX 10102  
City-State-Zip: NAPLES FL 34101

Title SECRETARY  
Name SMITH, KAREN  
Address 100 GLENVIEW PLACE  
City-State-Zip: NAPLES FL 34108

Title VICE CHAIR  
Name LEIPZIG, THOMAS  
Address 1645 CHINABERRY WAY  
City-State-Zip: NAPLES FL 34105

*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:** LINDA OBERHAUS

**CEO**

**01/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date