

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725729

FILED
Jan 20, 2009
Secretary of State

Entity Name: THE HAVEN CENTER, INC.

Current Principal Place of Business:

9040 SUNSET DRIVE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9040 SUNSET DR
ATTN: LESLIE W. LEECH, JR
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-0668484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEECH, LESLIE W JR.
9040 SUNSET DR
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TUCKER, GERALDINE
Address: 8100 SW 133RD CT
City-St-Zip: MIAMI, FL 33183

Title: STD () Delete
Name: GREENBERG, BARNETT A
Address: 9040 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: WETHERINGTON, GLORIA A
Address: 1250 NE 38TH STREET
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: YACKER, IRIS
Address: 400 LESLIE DR #520
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: WYCOFF, MARILYN
Address: 4208 SW 138TH PLACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GERALDINE TUCKER

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date