2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N06000000383

Entity Name: THE LORD'S HAVEN, INC.

Current Principal Place of Business:

220 OREO DRIVE
MOLINO, FL 32577

New Principal Place of Business:

Current Mailing Address:

P O BOX 9001
PENSACOLA, FL 32513

New Mailing Address:

FEI Number: 20-4183693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLY, PAUL M
220 OREO DRIVE
MOLINO, FL 32577 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: KELLY, PAUL M
Address: 220 OREO DRIVE
City-St-Zip: MOLINO, FL 32577

Title: TD ( ) Delete
Name: KELLY, PATRICK J
Address: 31210 JOHIKE LANE
City-St-Zip: MAGNOLIA, TX 77355

Title: D ( ) Delete
Name: HATT, DEREL
Address: 1011 LAKE-AIRE DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: MILLER, MORGAN
Address: 6639 CHICAGO AVENUE
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: MURPHY, ERICA M
Address: 647 ELECTRA
City-St-Zip: HOUSTON, TX 77079

Title: D ( ) Delete
Name: SCHACHLE, JANE
Address: P O BOX 417
City-St-Zip: CANTONMENT, FL 32533

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:

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: PAUL M. KELLY PD 07/07/2008
Electronic Signature of Signing Officer or Director — Date