

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N08000009621

Entity Name: HAVEN RANCH, INC.

Current Principal Place of Business:

7120 OLD STATE ROAD 207
ELKTON, FL 32033

New Principal Place of Business:

7333 COUNTY RD. 208
ST. AUGUSTINE, FL 32092

Current Mailing Address:

7120 OLD STATE ROAD 207
ELKTON, FL 32033

New Mailing Address:

7333 COUNTY RD. 208
ST. AUGUSTINE, FL 32092

FEI Number: 26-3651788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMAN, DAVID
328 LAUDEN COURT
PONTE VEDRA BEACH, FL 32082 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: P () Delete
Name: LEHMAN, RIC
Address: 7120 OLD STATE ROAD 207
City-St-Zip: ELKTON, FL 32033

Title: ST () Delete
Name: GORMAN, DAVID
Address: 328 LAUDEN COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: NORTON, RICHARD
Address: 1208 REDCLIFF LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: RUSSELL, GABRIELLE
Address: 165 GREENCREST DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: BLAKE, DALE
Address: 12205 SMOKE RIDGE CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEHMAN, RIC
Address: 7333 COUNTY RD. 208
City-St-Zip: ST. AUGUSTINE, FL 32092

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: DAVID GORMAN

ST

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date