2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90171 042 ****61.25

DOCUMENT # N49767

1. Entity Name

CHARITY HAVEN CHRISTIAN ACADEMY, INC.

Principal Place of Business	Mailing Address
605 GLOVER LANE MILTON FL 32570-4110	605 GLOVER LANE MILTON FL 32570-4110

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5181 Glover Lane	5181 Glover Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, FL.	City & State: Milton, FL.
Zip: 32570-4110 Country: USA	Zip: 32570-4110 Country: USA

4. FEI Number 59-3157637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKDEN, DAVID R. 605 GLOVER LANE MILTON FL 32570-4110	Name: Same Name Street Address (P.O. Box Number is Not Acceptable): 5181 Glover Lane City: Milton, FL Zip Code: 32570-4110

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALKDEN, DAVID R 605 GLOVER LANE MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Walkden, David R. 5181 Glover Lane Milton, FL. 32570-4110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WALKDEN, NORMA J 605 GLOVER LANE MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Walkden, Norma J. 5181 Glover Lane Milton, FL. 32570-4110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, STEVEN H 4948 W. SPENCER FIELD RD. PACE FL 32571	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required Norma Walkden 1-24-02 850-626-7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

~~Doc. #~~ N49767
730958

1-24-02

Dear Sir,

The ONLY changes are the 605 Glover Lane to 5181 Glover Lane. The 911 people are responsible for this. Thanks!!!!! I sincerely hope I have filled the remainder of this form out correctly. THANKS AGAIN!!!!!!!!

Norma Walkden