2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N49767

1. Entity Name
CHARITY HAVEN CHRISTIAN ACADEMY, INC.

Principal Place of Business	Mailing Address
5181 GLOVER LANE MILTON, FL 32570-4110	5181 GLOVER LANE MILTON, FL 32570-4110

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05052004 No Chg-NP CR2E037 (10/03)

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

WALKDEN, DAVID R.
5181 GLOVER LANE
MILTON, FL 32570-4110

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKDEN, DAVID R
STREET ADDRESS	5181 GLOVER LANE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	STD
NAME	WALKDEN, NORMA J
STREET ADDRESS	5181 GLOVER LANE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	TAYLOR, STEVEN H
STREET ADDRESS	4948 W. SPENCER FIELD RD.
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/07/04-80016-005 61.25

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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: Norma Walkden 5-4-04 850-626-7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Norma Walkden