

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-09-2004 90056 048 ****61.25

DOCUMENT # N98000005901	
1. Entity Name THE HAVEN HOUSE RESIDENCE, INC.	

Principal Place of Business 356 NELLIE DR. SANTA ROSA BEACH, FL 32459	Mailing Address P.O. BOX 2279 SANTA ROSA BEACH, FL
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66403210



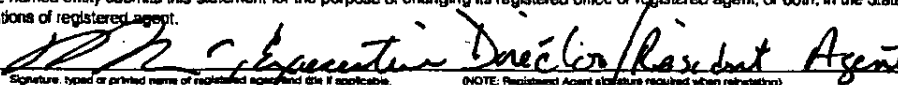
02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3540722	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PLAUCHE, CHARLES 356 NELLIE DR. SANTA ROSA BEACH, FL 32459 PO Box 2279 SANTA ROSA BEACH FL 32459	
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**DO NOT WRITE
IN THIS SPACE**

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: 2/4/04

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE Executive Director	
NAME PLAUCHE, CHARLES	
STREET ADDRESS 356 NELLIE DR. PO Box 2279	
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459	
TITLE D	
NAME EARLES, CHARLES	
STREET ADDRESS 3218 BAY ESTATES DR.	
CITY-ST-ZIP DESTIN, FL 32541	
TITLE D	
NAME HAYES, DAN	
STREET ADDRESS 515 TOPSIL BEACH BLVD.	
CITY-ST-ZIP DESTIN, FL 32541	
TITLE D	
NAME CHRISTENSEN, DICK	
STREET ADDRESS 770 GULF SHORE BLVD. #803	
CITY-ST-ZIP DESTIN, FL 32541	
TITLE D	
NAME MCGINNIS, DOUG	
STREET ADDRESS 45 GULF DUNES LN	
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 	DATE: 2/4/04