2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 25, 2004 8:00 am
Secretary of State
02-09-2004 90056 048 ****61.25

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1. Entity Name
THE HAVEN HOUSE RESIDENCE, INC.

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

Agent

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

PLAUCHE', CHARLES
~~356 NELLIE DR.~~ 356 Wellie Dr
~~SANTA ROSA BEACH, FL 32459~~ Santa Rosa Beach Fl 32459
PO Box 2279
Santa Rosa Beach FL 32459)

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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: Executive Director/Resident Agent DATE 2/4/04
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 May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	~~P~~ 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 TOPS'L BEACH BLVD.
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	CHRISTENSEN, DICK
STREET ADDRESS	770 GULFSHORE 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	

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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: Executive Director/RAgent 2/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #