

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011306

Entity Name: SAFE HAVEN SWFL INC.**Current Principal Place of Business:**1300 ENTERPRISE DR STE D
PORT CHARLOTTE, FL 33953**Current Mailing Address:**1300 ENTERPRISE DR STE D
PORT CHARLOTTE, FL 33953 US**FEI Number:** 81-4549888**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWETAVAGE, LINDSAY
1300 ENTERPRISE DR STE D
PORT CHARLOTTE, FL 33953 US*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**Officer/Director Detail :**

Title	D
Name	SWETAVAGE, LINDSAY
Address	1300 ENTERPRISE DR STE D
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	D
Name	BUNKLEY, JAMIE
Address	1300 ENTERPRISE DR STE D
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	D
Name	CULBERTSON, ASHLEY
Address	1300 ENTERPRISE DR STE D
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	D
Name	ROSE, MEGAN
Address	1300 ENTERPRISE DR STE D
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	D
Name	NAYLOR, CASSIE
Address	1300 ENTERPRISE DR STE D
City-State-Zip:	PORT CHARLOTTE FL 33953

I hereby 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 all other like empowered.

SIGNATURE: LINDSAY SWETAVAGE

D

04/27/2018

Electronic Signature of Signing Officer/Director Detail_____
Date