

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47482

Entity Name: FAIRHAVEN SOUTH, INC.**Current Principal Place of Business:**1010 US 27 N
AVON PARK, FL 33825**Current Mailing Address:**2712 ASTON AVENUE
PLANT CITY, FL 33566 US**FEI Number:** 65-0339453**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DUNCAN, TERRY
2712 ASTON AVENUE
PLANT CITY, FL 33566 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:** TERRY DUNCAN

05/15/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name PEED, BOBBY R MR.
Address 600 PINE AVENUE
PO BOX 877
City-State-Zip: BUTLER GA 31006

Title TREASURER, DIRECTOR
Name LINDVALL, BRENT MR.
Address 3783 E. STATE ROAD 18
City-State-Zip: MARION IN 46952

Title DIRECTOR
Name MOYER, BRUCE DR.
Address 7697 W. HIGHLAND DRIVE
City-State-Zip: LIGONIER IN 46767

Title VC, DIRECTOR
Name GILMORE, GARY F. MR.
Address 99 EAST MAIN STREET
City-State-Zip: MARLTON NJ 08053

Title SECRETARY, DIRECTOR
Name MCCOLLUM, SHELLY MRS.
Address 3783 E. STATE ROAD 18
City-State-Zip: MARION IN 46952

Title CHAIRMAN, DIRECTOR
Name CURTIS, DAVID MR.
Address 32548 SW JULIETTE DRIVE
City-State-Zip: WILSONVILLE OR 97070

Title DIRECTOR
Name ENGBRECHT, DAVE PASTOR
Address 2002 COUNTRY CIRCLE NORTH
City-State-Zip: NAPPANEE IN 46550

Title DIRECTOR
Name WEIMER, CHERYL L. MRS.
Address 3100 W. 340 N.
City-State-Zip: ANGOLA IN 46703

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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: SHELLY MCCOLLUM**SECRETARY**

05/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|---------------------------------------|
| Title | DIRECTOR |
| Name | SCHAFER, E. DANIEL DR. |
| Address | 3783 E. STATE ROAD 18 P.O. BOX 948 |
| City-State-Zip: | MARION IN 46952 |