2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2008 08:00 AM **DOCUMENT # 703547 Secretary of State** MOBILE HAVEN ESTATES SOCIAL & WELFARE CLUB. INC. Principal Place of Business Mailing Address 16130 TIERRA PLAZA 16130 TIERRA PLAZA FT. MYERS FL 33908 FT. MYERS FL 33908 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, RONALD C Street Address (P.O. Box Number is Not Acceptable) 16112 TIERRA PLAZA FT MYERS FL 33908 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen) signature (eq (red when rounstaung) FILE NOW: FEE IS:S61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delate TITLE Change Addition RENCH, MAX NAME 16110 TIERRA PLAZA STREET ADDRESS STREET ADDRESS FT MYERS FL 33908 CITY - ST - ZIP CITY-ST-ZIP U00000815502 🗆 Change ☐ Delate FINNEY, EDITH 92/14/98-89911-024-61.25 NAME 16130 SIESTA DR. STREET ADDRESS STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIP CITY -ST-ZiP TITLE ☐ Delete MILE Change ncitibbA 🔲 NAME MILLER, RONALD C NAME 16111 TIERRA PLAZA STREET ADDRESS STREET ADDRESS FT MYERS FL 33908 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSTON, JUDY NAME NAME STREET ADDRESS 16041 SIESTA DR. STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZP TITLE ☐ Delete 1016 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P Delete TITLE DILE Change Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 outri, 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: Sudia Conhactor Judy Johnston

STREET ADDRESS

CITY-ST-ZIP

2-1-08 239-466-7372