

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703547

**FILED**  
**Mar 11, 2012**  
**Secretary of State**

**Entity Name:** MOBILE HAVEN ESTATES SOCIAL & WELFARE CLUB, INC.

**Current Principal Place of Business:**

16130 TIERRA PLAZA  
FT. MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

16041 SIESTA DR  
FT. MYERS, FL 33908

**New Mailing Address:**

16130 TIERRA PLAZA  
FT. MYERS, FL 33908

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, RONALD C  
16112 TIERRA PLAZA  
FT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: RENCH, MAX  
Address: 16110 TIERRA PLAZA  
City-St-Zip: FT MYERS, FL 33908

Title: S  
Name: FINNEY, EDITH  
Address: 16130 SIESTA DR.  
City-St-Zip: FORT MYERS, FL 33908

Title: PD  
Name: MILLER, RONALD C  
Address: 16111 TIERRA PLAZA  
City-St-Zip: FT MYERS, FL 33908

Title: TD  
Name: JOHNSTON, JUDY  
Address: 16041 SIESTA DR.  
City-St-Zip: FORT MYERS, FL 33908

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: JUDY JOHNSTON

TD

03/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date