

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 11, 2011
Secretary of State

DOCUMENT# 719597

Entity Name: COMMUNITY HAVEN FOR ADULTS AND CHILDREN WITH DISABILITIES, INC.**Current Principal Place of Business:**4405 DESOTO ROAD
SARASOTA, FL 34235**New Principal Place of Business:****Current Mailing Address:**4405 DESOTO ROAD
SARASOTA, FL 34235**New Mailing Address:****FEI Number:** 59-1305522**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COOK, JOHN F ESQ
2033 WOOD STREET
220
SARASOTA,, FL 34237 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:** CEO
Name: DOSS, MARLA
Address: 4405 DESOTO ROAD
City-St-Zip: SARASOTA, FL 34235**Title:** C
Name: WHALEY, CHRIS
Address: 4405 DESOTO ROAD
City-St-Zip: SARASOTA, FL 34235**Title:** 1VC
Name: MCFAUL, SURRY
Address: 4405 DESOTO RD
City-St-Zip: SARASOTA, FL 34235**Title:** 2VC
Name: WOODIN, JEFF
Address: 4405 DESOTO ROAD
City-St-Zip: SARASOTA, FL 34235**Title:** S
Name: AUDET, JULIE
Address: 4405 DESOTO ROAD
City-St-Zip: SARASOTA, FL 34235**Title:** T
Name: REHER, RAY
Address: 4405 DESOTO ROAD
City-St-Zip: SARASOTA, FL 34235

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: MARLA DOSS

CEO

11/11/2011

Electronic Signature of Signing Officer or Director

Date