


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 723479 1. Entity Name LUTHERAN HAVEN, INC.	
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Principal Place of Business 2041 W STATE RD 426 OVIEDO, FL 32765	Mailing Address 2041 W STATE RD 426 OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0637873	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOVAC, DONALD L. 2041 W. STATE RD 426 OVIEDO, FL 32765

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000511042^M 06-80030-018 70.00^M
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KOVAC, DONALD L. 2041 W. STATE RD. 426 OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSCHLER, MARY G 2041 W STATE RD 426 OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UTECH, WILLIAM G 937 FOREST LAKE COURT BALLWIN, MO 63021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANAS, SUSAN 2025 W. STATE RD 426 OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald L. Kovac DONALD L. KOVAC
EXECUTIVE DIRECTOR 4/12/06 407-365-5676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #