FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **738977** **(8)**

1. Corporation Name
THE HAVEN FOR SPIRITUAL TRAVELERS, INC.

Principal Place of Business	Mailing Address
1341 S. W. 25TH AVENUE FT. LAUDERDALE FL 33312	1341 S. W. 25TH AVENUE FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1977
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1741877 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

DUKE,EDWARD L.
1341 S.W. 25TH AVE.
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	DUKE, EDWARD L.	1.2 NAME	
STREET ADDRESS	1341 S.W. 25TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	33312
TITLE	VD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	REED,GLORIA	2.2 NAME	Terri A. Robinson
STREET ADDRESS	1641 N.E. 32ND COURT	2.3 STREET ADDRESS	1009 N. Ocean Blvd. #309
CITY-ST-ZIP	POMPANO FL	2.4 CITY-ST-ZIP	Pompano Beach, Fl. 33062
TITLE	STD	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MCGLYNN, PEDIE ANN	3.2 NAME	Sanders, Margaret
STREET ADDRESS	4330 A VILLAGE DR.	3.3 STREET ADDRESS	6761 N. W. 32 Ave.
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	PARKINSON, NANCY J.	4.2 NAME	Naujoks, Nadine
STREET ADDRESS	3600 CITRUS TRACE #3	4.3 STREET ADDRESS	4144 S. W. 61 Ave.
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	Davie, Fl. 33314
TITLE	D	5.1 TITLE	STD ☒ Change ☐ Addition
NAME	CRAMASTA, CARMELLA	5.2 NAME	In Office
STREET ADDRESS	6829 N.W. 12TH ST.	5.3 STREET ADDRESS	Title
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	VD ☒ Change ☐ Addition
NAME	BUTTLES, KATHRYN MCCABE	6.2 NAME	In Office
STREET ADDRESS	6829 N.W. 12TH ST.	6.3 STREET ADDRESS	Title
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward L. Duke 4/30/95 305 792-3566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044340