· 2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am s Secretary of State **DOCUMENT # 738977** 1. Entity Name THE HAVEN FOR SPIRITUAL TRAVELERS, INC. 04-30-2001 90413 032 ****61.25 Mailing Address Principal Place of Business 1341 S. W. 25TH AVENUE -1341 S. W. 25TH AVENUE $\mathbf{v} \mathbf{v} \mathbf{a} \mathbf{v} \mathbf{v} \mathbf{v}$ FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1741877 Not Applicable Zip Zip Country **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DUKE, EDWARD L. 1341 S.W. 25TH AVE. FT. LAUDERDALE FL 33312 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change PD Delete TITLE TITLE DUKE, EDWARD L. NAME NAME STREET ADDRESS 1341 S.W. 25TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SAMSON, KAREN L NAME STREET ADDRESS STREET ADDRESS 4149 N.W. 12 TERRACE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Addition Change TITLE X Delete NAME SANDERS, MARGARET NAME STREET ADDRESS STREET ADDRESS 6761 NW 32 AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition TITLE ☐ Delete TITLE STD NAME FITZROY, ROSE NAME STREET ADDRESS STREET ADDRESS 301 S.W. 85 WAY APT 208 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33025 TITLE Change ☐ Addition ☐ Delete TITLE 1341 5.W. 25 AVE NAME **BUTTLES, KATHRYN MCCABE** NAME STREET ADDRESS STREET ADDRESS 7608 N.W. 5 ST., BLDG. 15, 2B CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 954-792-3866

Daytime Phone