2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90735 047 ****61.25

DOCUMENT # 738977 1. Entity Name THE HAVEN FOR SPIRITUAL TRAVELERS, INC.						05-03-20	04 90735 047	7 ****	*61.25	
Principal Place of Business 1341 S. W. 25TH AVENUE 1341 S. W. 25TH AVENUE 1341 S. W. 25TH AVE FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL						# 18118 18117 18877 181	TI BYDII JIBYI BYDIY ZIBYI I	1/8/1 B/8/	 	
2. Principal Place of Business 3. Mail		3. Mailing Address	Valling Address							
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP	CR2E037 (10	/03)		
City & State		City & State			4. FEI Number 59-174187	77:			plied For	
Zip -	Country	Zip 	Cou	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current Re	gistered Agent	 .	N	7. Name and Add	dress of New I	Registered Agent			
DUKE,EDWARD L. 1341 S.W. 25TH AVE. FT. LAUDERDALE, FL 33312				Name Street Address	ess (P.O. Box Number is Not Acceptable)					
			City			FL Zip Code				
the obligat	named entity submits this statement for thoms of registered agent. Signature, typed or printed name of registered agent and	- ' '		d office or registe		the State of F	lorida. I am familia	ir with,	and accept	
,	9. Election Ca	9. Election Campaign Financing Trust Fund Contribution.				Make check pay rida Departmen				
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICI	ERS AND DIRECTO	ORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUKE, EDWARD L. 1341 S.W. 25TH AVENUE FT. LAUDERDALE, FL	☐ Delete		Į.			□ C	hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	STD FITZROY, ROSE 301 S.W. 85 WAY APT 208 PEMBROKE PINES, FL 33025	☐ Delete		Į.	*		· . 🗆 C	hange	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BUTTLES, KATHRYN MCCABE 1341 SW 25 AVE FORT LAUDERDALE, FL 33312	□ Delete					□с	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROHR, LORETTA 1039 HILLSBORO MILE APT 14F HILLSBORO BEACH, FL 33062	☐ Delete					C	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	☐ Delete		ı			c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	setify that the information supplied with the	Delete	CITY-	ET ADDRESS ST-ZIP	,	:	· · · · · · ·	hange	Addition	

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.