

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 738977

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



Principal Place of Business
**1341 S. W. 25TH AVENUE
FT. LAUDERDALE, FL 33312**

Mailing Address
**1341 S. W. 25TH AVENUE
FT. LAUDERDALE, FL 33312**



04162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1741877

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000920884
05/14/08-80060-024 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUKE, EDWARD L.
STREET ADDRESS	1341 S.W. 25TH AVENUE
CITY- ST- ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	FITZROY, ROSE
STREET ADDRESS	9042 BAY HARBOR CIRCLE
CITY- ST- ZIP	WEST PALM BEACH, FL 33411
TITLE	VD
NAME	BUTTLES, KATHRYN MCCABE
STREET ADDRESS	1341 SW 25 AVE
CITY- ST- ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	ROHR, LORETTA
STREET ADDRESS	1039 HILLSBORO MILE APT 14F
CITY- ST- ZIP	HILLSBORO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-08

954792-3866