

FILE NOW: FILING FEE IS \$61.25

*NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **758702** (5)

1. Corporation Name

CHILDREN'S HAVEN, INC.



Principal Place of Business

Mailing Address

**CHILDREN'S HAVEN INC
1485-1 WELLS ROAD
ORANGE PARK FL 32073
US**

**P. O. BOX 425
ORANGE PARK FL 32067-0425
US**

3. Date Incorporated or Qualified
06/10/1981

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2140293

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTELLI, BARBARA
1702 SHORELINE PLACE
ORANGE PARK FL 32073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<input checked="" type="checkbox"/> DELETE
NAME	WELSH, PAUL	
STREET ADDRESS	2122 KAPPA CT	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KENT, LINDA	
STREET ADDRESS	1708 SHARELINE DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, TRACY	
STREET ADDRESS	2452 STONEBRIDGE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RIEGEL, ROBERT	
STREET ADDRESS	15 FOX VALLEY DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	ES	<input checked="" type="checkbox"/> DELETE
NAME	DOTSON, JOANNE E	
STREET ADDRESS	992 DOSTIE CIRCLE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALFORD, JOYCE	
STREET ADDRESS	900 WALNUT ST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kent, Linda C	
1.3 STREET ADDRESS	1708 Shoreline Drive	
1.4 CITY-ST-ZIP	Orange Park FL 32073	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frances "Chance" Irvine	
2.3 STREET ADDRESS	2099-206 E. Winterbourne	
2.4 CITY-ST-ZIP	Orange Park, FL 32073	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ash Tisdelle	
3.3 STREET ADDRESS	1481 Wells Road	
3.4 CITY-ST-ZIP	Orange Park, FL 32073	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Steve Rodesney, CPA	
4.3 STREET ADDRESS	767 Blanding Blvd.	
4.4 CITY-ST-ZIP	Orange Park, FL 32055	
5.1 TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Butler C. Conant	
5.3 STREET ADDRESS	2230 Salt Myrtle Lane	
5.4 CITY-ST-ZIP	Orange Park, FL 32073	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Judith B. Jeter, PP	
6.3 STREET ADDRESS	1744 Shoreline Drive	
6.4 CITY-ST-ZIP	Orange Park, FL 32073	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

(904)278-0211
Daytime Phone #

CR2E037 (12/95)