

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90018 006 ****75.00

DOCUMENT # 771206

1. Entity Name

HAVEN MINISTRIES, INC.

Principal Place of Business

Mailing Address

**WEST HWY 70
P. O. BOX 3017
FORT PIERCE FL 34948**

**WEST HWY 70
P. O. BOX 3017
FORT PIERCE FL 34948-3017**

000143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2374121

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**BURNEY, REV. ELAM DAVID
ROUTE 3, BOX 935
FORT PIERCE FL 33450**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURNEY, REV. ELAM DAVID	
STREET ADDRESS	ROUTE 3 BOX 935	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BALTIERA, REV. VINCENT	
STREET ADDRESS	588 NE 31ST TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURNEY, SIGRID	
STREET ADDRESS	ROUTE 3 BOX 935	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMAN, JEWEL	
STREET ADDRESS	275 N. NINTH ST.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNEY, MISH	
STREET ADDRESS	ORANGE AVE., EXT.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **ELAM DAVID BURNEY** *Elam D. Burney* 1/19/2000 (501) 562-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)