

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 771206

1. Entity Name

HAVEN MINISTRIES, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2374121

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURNEY, REV. ELAM DAVID
STREET ADDRESS ROUTE 3 BOX 935
CITY - ST - ZIP FORT PIERCE FL ☐ Delete

TITLE VD
NAME BURNEY, DAVY
STREET ADDRESS 7707 BELMONT DR.
CITY - ST - ZIP FORT PIERCE FL 34951 ☐ Delete

TITLE STD
NAME BURNEY, LINDA
STREET ADDRESS 55 32ND AVE.
CITY - ST - ZIP VERO BEACH FL 32968 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
U00000016702
01/28/04-80061-023 75.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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 P. Burney* *Elam P. Burney*

1/21/2004 *562-0717*