

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90038 026 ****70.00

60004625



DOCUMENT # N00000000461 1. Entity Name HAVEN OF OUR LADY OF PEACE, INC.					
Principal Place of Business 1900 SUMMIT BLVD. PENSACOLA, FL 32503			Mailing Address 5151 NORTH 9TH AVE. PENSACOLA, FL 32513-2700		
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 59-3620346	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANGER, ROBERT P 5151 NORTH 9TH AVE. SACRED HEART HOSPITAL OF PENSACOLA PENSACOLA, FL 32513-2700				Name Emmanuel, E Karen O. Street Address (P.O. Box Number is Not Acceptable) 5151 North Ninth Avenue City Pensacola FL Zip 32504	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GRANGER, ROBERT P 5151 NORTH NINTH AVE. PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, WILLIAM R 5151 NORTH 9TH AVE. PENSACOLA, FL 325132700 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOMLIN, A. WRAY 1520 COOPER HILL RD. BIRMINGHAM, AL 35210 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Tomlin, A. Wray 1520 Cooper Hill Road Birmingham, AL 35210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, HENRY E DR SIX EAST WRIGHT ST PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETTERMAN, NANCY 24 LAKESIDE DR EMERALD POINT PENSACOLA, FL 32507 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINSON, ELLEN 1905 EAST STRONG ST PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Karen O. Emmanuel 1/12/2006 850.416.6500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

60004625
#N00000000461

HAVEN OF OUR LADY OF PEACE, INC. ADDITIONAL OFFICERS AND DIRECTORS (Continued)

Title: D
Name: Smith, James W, M.D.
Street Address: 5147 North Ninth Avenue, Suite 311
City-St-Zip: Pensacola, FL 32504

Title: D
Name: Kirkland, Sam
Street Address: 8904 Burningtree Road
City-St-Zip: Pensacola, FL 32514

Title: D
Name: Salter, Betty
Street Address: 1060 North Guillemard
City-St-Zip: Pensacola, FL 32503

Title: D
Name: Weisner, Admiral Maurice
Street Address: 351 Woodbine Drive
City-St-Zip: Pensacola, FL 32503

Title: D
Name: Roton, Ray
Street Address: 606 Clay Street
City-St-Zip: Montgomery, AL 36104

Title: D
Name: Scott, Eva
Street Address: 8586 Scenic Hills Drive
City-St-Zip: Pensacola, FL 32514

Title: D
Name: Stump, Harry A.
Street Address: 125 West Romana, 4th Floor
City-St-Zip: Pensacola, FL 32502

Title: D
Name: Dennison, Fayette
Street Address: 4300 Bayou Boulevard, Suite 21
City-St-Zip: Pensacola, FL 32503

Title: ST
Name: Emmanuel, Karen O.
Street Address: 5151 North Ninth Avenue
City-St-Zip: Pensacola, FL 32504

Title: CD
Name: Sadro, Cheryl
Street Address: 5151 North Ninth Avenue
City-St-Zip: Pensacola, FL 32504