


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90084 033 ****70.00

DOCUMENT # N00000000461 1. Entity Name HAVEN OF OUR LADY OF PEACE, INC.	
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Principal Place of Business 1900 SUMMIT BLVD. PENSACOLA, FL 32503	Mailing Address 5151 NORTH 9TH AVE. PENSACOLA, FL 32513-2700
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40003592



01082007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent GRANGER, ROBERT P 5151 NORTH 9TH AVE. SACRED HEART HOSPITAL OF PENSACOLA PENSACOLA, FL 32513-2700		7. Name and Address of New Registered Agent Name Karen O. Emmanuel Street Address (P.O. Box Number is Not Acceptable) 5151 North Ninth Avenue Sacred Heart Health System, Inc. City Pensacola FL Zip Code 32504	
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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 Karen O. Emmanuel, Secretary/Treasurer 1/11/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC WRAY, TOMLIN A 1520 COPPER HILL RD. BIRMINGHAM, AL 35240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC Elmore, Buddy 5151 North Ninth Avenue Pensacola, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCLAUGHLIN, WILLIAM R 5151 NORTH 9TH AVE. PENSACOLA, FL 325132700 <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	CD TOMLIN, A. WRAY 1520 COOPER HILL RD. BIRMINGHAM, AL 35210 <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 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 1/11/2007 (850) 416-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Karen O. Emmanuel

ATTACHMENT 40003592

#N00000000461

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

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

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

Title: D
Name: Salter, Betty
Street Address: 1060 N. Guillemard
City-St-Zip: Pensacola, FL 32501

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

Title: D
Name: Stump, Harry
Street Address: 125 W. 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