

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000461

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** HAVEN OF OUR LADY OF PEACE, INC.

**Current Principal Place of Business:**

1900 SUMMIT BLVD.  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

5151 NORTH 9TH AVE.  
PENSACOLA, FL 325132700

**New Mailing Address:**

**FEI Number:** 59-3620346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EMMANUEL, KAREN O  
5151 NORTH 9TH AVE.  
SACRED HEART HEALTH SYSTEM, INC.  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: ELMORE, BUDDY  
Address: 5151 NORTH NINTH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: ST ( ) Delete  
Name: EMMANUEL, KAREN O  
Address: 5151 NORTH 9TH AVE.  
City-St-Zip: PENSACOLA, FL 32504

Title: VC ( ) Delete  
Name: TOMLIN, A. WRAY  
Address: 1520 COOPER HILL RD.  
City-St-Zip: BIRMINGHAM, AL 35210

Title: D ( ) Delete  
Name: ROBERTS, HENRY E DR  
Address: SIX EAST WRIGHT ST  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: FETTERMAN, NANCY  
Address: 24 LAKESIDE DR EMERALD POINT  
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete  
Name: VINSON, ELLEN  
Address: 1905 EAST STRONG ST  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name: BUDDY  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROBERTS, HENRY E DR  
Address: 5151 NORTH NINTH AVENUE  
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUDDY ELMORE

CD

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date