2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# N00000006729

Entity Name: SAFE HAVEN, INC.

Current Principal Place of Business:

5847 GRANDE LAGOON BLVD
PENSACOLA, FL 32507

New Principal Place of Business:

4677 PETRA CIRCLE
PENSACOLA, FL 32526

Current Mailing Address:

PO BOX 36053
PENSACOLA, FL 32576

New Mailing Address:

PO BOX 36053
PENSACOLA, FL 32516

FEI Number: 59-3676159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEAD, SUSAN M
5847 GRANDE LAGOON BLVD
PENSACOLA, FL 32507

Name and Address of New Registered Agent:

MEAD, SUSAN M
4677 PETRA CIRCLE
PENSACOLA, FL 32526

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: _____ 04/15/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MEAD, SUSAN
Address: 4669 PETRA CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: SUDDUTH, WILLIAM M
Address: 9050 CARRIBEAN DR.
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: SUDDUTH, JANET M
Address: 9050 CARRIBEAN DR.
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: BAUGHMAN, JEFFREY
Address: 932 EISENBERGER RD.
City-St-Zip: STRASBURG, PA 17579

Title: D ( ) Delete
Name: ROBINSON, JOSEPH
Address: 231 STONEFIELD CIRCLE
City-St-Zip: MACON, GA 31216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MEAD, SUSAN
Address: 4677 PETRA CIRCLE
City-St-Zip: PENSACOLA, FL 32526

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

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

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 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 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: SUSAN M. MEAD D 04/15/2004
Electronic Signature of Signing Officer or Director — Date