

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006729

FILED
May 04, 2005
Secretary of State

Entity Name: SAFE HAVEN, INC.

Current Principal Place of Business:

4677 PETRA CIRCLE
PENSACOLA, FL 32526

New Principal Place of Business:

1749-A HAYWOOD MANOR RD.
HENDERSONVILLE, NC 28791

Current Mailing Address:

PO BOX 36053
PENSACOLA, FL 32516

New Mailing Address:

PO BOX 2283
HENDERSONVILLE, NC 28793

FEI Number: 59-3676159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MEAD, SUSAN M
4677 PETRA CIRCLE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

WEAVER, WESLEY J
609 DUNDEE DRIVE
PENSACOLA, FL 32507 US

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: WESLEY J. WEAVER

05/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEAD, SUSAN
Address: 4677 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SUDDUTH, WILLIAM M
Address: PO BOX 1141
City-St-Zip: FORT WALTON, FL 32549

Title: D (X) Change () Addition
Name: SUDDUTH, JANET M
Address: PO BOX 1141
City-St-Zip: FORT WALTON, FL 32549

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

PRES

05/04/2005

Electronic Signature of Signing Officer or Director

Date