2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N00000006729

Entity Name: SAFE HAVEN, INC.

Current Principal Place of Business:

8912 TOWN AND COUNTRY CIRCLE
SUITE # 7
KNOXVILLE, TN 37923

New Principal Place of Business:

Current Mailing Address:

118 NORTH PETERS RD.
BOX 118
KNOXVILLE, TN 37923

New Mailing Address:

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

Name and Address of Current Registered Agent:

WEAVER, WESLEY J
609 DUNDEE DRIVE
PENSACOLA, FL 32507 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: PRES ( ) Delete
Name: MEAD, SUSAN
Address: 9220 EMERALD WOODS WAY
City-St-Zip: KNOXVILLE, TN 37922

Title: D ( ) Delete
Name: SUDDUTH, WILLIAM M
Address: 3235 PINEHURST CR.
City-St-Zip: COLORADO SPRINGS, CO 80908

Title: D ( ) Delete
Name: SUDDUTH, JANET M
Address: 3235 PINEHURST CR.
City-St-Zip: COLORADO SPRINGS, CO 80908

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: PRES (X) Change ( ) Addition
Name: MEAD, SUSAN
Address: 1020 ASHLEY MICHELLE CR
City-St-Zip: KNOXVILLE, TN 37934

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: D (X) Change ( ) Addition
Name: ROBINSON, JOSEPH
Address: 1304 GROVE ST.
City-St-Zip: NORTH DAHLONEGA, GA 30533

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: SUSAN M. MEAD PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date