Jun.15. 2004 1:48PM Cathy A. Wagner

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State
07-16-2004 90002 012 ****61.25

DOCUMENT # N00000007388

1. Entity Name
SAFE HAVEN FOR STRAYS, INC.

Principal Place of Business → Mailing Address
~~3605 COCKATOO DRIVE~~ 6140 Hopewell Dr
~~NEW PORT RICHEY, FL 34652~~ Holiday, FL 34690
~~3605 COCKATOO DRIVE~~
~~NEW PORT RICHEY, FL 34652~~

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06152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3682775
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MAUSBACH, DEBBIE~~
~~3605 COCKATOO DRIVE~~
~~NEW PORT RICHEY, FL 34652~~
Marsha Cunningham
6140 Hopewell Dr
Holiday, FL 34690

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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 (X) Marsha Cunningham 7/8/04
(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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCKEON, JANE
STREET ADDRESS	36408 US HIGHWAY 19
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	VD
NAME	CUNNINGHAM, MARSHA
STREET ADDRESS	6140 HOPEWELL DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	SD
NAME	MAUSBACH, DEBBIE
STREET ADDRESS	3605 COCKATOO DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	TD
NAME	FONTAINE, KAY
STREET ADDRESS	1540 FLAGSTONE COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 (X) Marsha Cunningham 7/8/04 (727) 841-8760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #