OTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 FON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Ňonprofit **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N00788 (2)

HAVEN OF LIFE CENTER, INC. GOV FAMILY MULLETIES

FILED Sep 04 1997 8:00am Secretary of State



,pa. ,	e of Business	8	Mailing Address			r coorrises ser osare uners ronds could block didit gents albes didit didit		
1506 18TH ST. W. BRADENTON FL 34205			1508 18TH ST. VV.	1508 18TH ST. W. Bradenton FL 184205 -				
			Bradenton FL 184205				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 01/09/1984	3a. Date of Last Report 08/14/1996	
	lace of Busin	ess	2a. Mailing Address			4. FEI Number	Applied For	
21			26 P.O. Box 218			59-2369977	Not Applicat	
Suite, Apt.	#, etc.		1	Suite, Apt. #, etc.			\$8.75 Additional	
City & State			City & State				Fee Hequired	
23			28 Bradento	a . Fl	_	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	p Country		Zip	Countr	- -	Trust Fund Contribution		
24	1	25	29 34206		atee	Personal Property Tax due June		
	9. Name	and Address of Curr	ent Registered Agent			10. Name and Address of New Reg		
				61	Name			
PLETCHE	RD L		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
	ih st. W.							
BRADEN	TON FL 34	205		83			•	
				84	City		85 Zip Code	
				1	'			
Office of re	ecistered ac	ent, or both, in the Sta	502 and 617.1508, Florida Statuti te of Florida. Such change was a gations of, Section 617.0503, Flo	authorizad b	v the coroora	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered	
SIGNATURE _	Signature, typed	or printed name of registered a	gent and title If applicable. (NOTI	E: Registered Ag	ent signature requi	ired when reinstating)	DATE	
12.		OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	CPD		☐ DELETE	1.1 TITLE	7	#TP _{n-1} , n.	Change Additi	
NAME		ER, RICHARD L		1.2 NAME	Ó	Her Platcher, Richa	•	
STREET ADDRESS		TH ST. W.		1.3 STREE	ADDRESS	sou 18th of w		
CITY-ST-ZIP		TON FL 34205		1.4 CITY-	ST-ZIP	Browlenton, fil 8	4205	
TITLE	STD		☐ DELETE	2.1 TITLE	S	P	Change Additi	
NAME		R, CINDY L		2.2 NAME		Plateler, CIR	Dy M.	
STREET ADDRESS		TH ST. W.		2.3 STREE	ADDRESS	506 18th 5t. wi	1006	
CITY-ST-ZIP		TON FL 34205		2. 4 CITY-	ST-ZIP	Brodenton, FL 34		
TITLE	30	1 676 66 1	DELETE	3.1 TITLE			Change Additi	
NAME	CRAPO,			3.2 NAME				
STREET ADDRESS	3734 PAI			3.3 STREE	ADDRESS			
CITY-ST-ZIP		TA FL 34232	T onere	3.4. CITY-				
TITLE	D	ND DATOIOLA	DELETE	4.1 TITLE		PD Dard Patricio	Change Additi	
NAME		ND, PATRICIA		4. 2 NAME		I the the state of	.	
STREET ADDRESS		TH ST. DR. W.		1		2 (4 (8) 143 FL 3 42	14	
CITY-ST-ZIP TITLE	PALMETT	U FL	T neiete	4.4 CITY - S		almetro, 12312	Charac Areason	
1			L] DELETE	5.1 TITLE		Soudard Kennett 616 12th/st. Dr. W Edmetto, FL 341	☐ Change DS Additi	
NAME PTDTCT ADDDCCC				5.2 NAME	1,000,000	616 12-44 St. Dr. W).	
STREET ADDRESS				5.3 STREET	ADURESS 1	Elmotto, Fr 34	221	
CITY-ST-ZIP TITLE		·	☐ DELETÉ	5.4 CITY+5 6.1 TITLE	or-ZIP L		☐ Change ☐ Additi	
NAME				6.2 NAME			E CHANGE E MIDDO	
STREET ADDRESS				6.3 STREET	ADDRECE			
CITY-ST-ZIP								
14. I do hereb	v certify that	the information suppli	ed with this filing does not qualif	v for the exe	motion states	d in Section 119.07(3)(i), Florida Statutes	I further certify that the	
information	n indicated o	n this aceual reduct or	supplemental annual tenort is tr	He and accu	irate and that	t my signature shall have the same legal rt as required by Chapter 617, Florida St.	offect so if made under cathe th	