2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # N00788 1. Entity Name HAVEN FAMILY MINISTRIES INC. 04-26-2001 90123 005 ****61.25 Mailing Address Principal Place of Business 1506 18TH ST. W. P.O. BOX 218 BRADENTON FL 34206 **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2369977 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PLETCHER, RICHARD L 1506 18TH ST. W. **BRADENTON FL 34205** Zip Code City 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TD Change Addition ☐ Delete TITLE TITLE PLETCHER, RICHARD L NAME NAME STREET ADDRESS 1506 18TH ST. W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** SD Change ☐ Delete TITLE PLETCHER, CINDY L NAME NAME STREET ADDRESS 1506 18TH ST. W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Change ☐ Addition CPD ☐ Delete TITLE TITLE WOODLAND, PATRICIA NAME NAME STREET ADDRESS 1616 12TH ST. DR. W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Addition Change ☐ Delete TITLE TITLE WOODLAND, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 1616 12TH ST. DR. W. CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE

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 employee 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 axachment with an address, withyal other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE'

NAME

STREET ADDRESS

CITY-ST-ZIP

AND

Letcher 4-18-01