

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-16-2002 90101 039 ****61.25

DOCUMENT # N01000002546

1. Entity Name

HAVEN OF PEACE INC.

Principal Place of Business

Mailing Address

805 NORTH 46TH AVE
 PENSACOLA FL 32506

905 NORTH 46TH AVE
 PENSACOLA FL 32506

2. Principal Place of Business

3. Mailing Address

905 N. 46th Ave
 Suite, Apt. #, etc.

905 N. 46th Ave
 Suite, Apt. #, etc.

City/State

City/State

Pensacola, FL

Pensacola FL

Zip

Country

Zip

Country

32506

Escambia

32506

Escambia

4. FEI Number

03-0401417

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, JOYCE
 905 NORTH 46TH AVE
 PENSACOLA FL 32506

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution:

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	ARNOLD, JOYCE	STREET ADDRESS	905 NORTH 46TH AVE	CITY-ST-ZIP	PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE	P	NAME	ARNOLD, ALPHONSE	STREET ADDRESS	905 NORTH 46TH AVE	CITY-ST-ZIP	PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE	V	NAME	BETTS, SAMUEL M JR	STREET ADDRESS	905 NORTH 46TH AVE	CITY-ST-ZIP	PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE	D	NAME	JOHNSON, SONJA	STREET ADDRESS	905 NORTH 46TH AVE	CITY-ST-ZIP	PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE	D	NAME	ARNOLD, CHRISTOPHER	STREET ADDRESS	905 NORTH 46TH AVE	CITY-ST-ZIP	PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE	D	NAME	RANKINS, LEON III	STREET ADDRESS	900 WEST CERVANTES	CITY-ST-ZIP	PENSACOLA FL 32501	<input type="checkbox"/> Delete

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 850-456-7864

Date

Daytime Phone #

CR2E037 (9/01)