2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004
Secretary of State

DOCUMENT# N01000002546

Entity Name: HAVEN OF PEACE INC.

Current Principal Place of Business:

905 N 46TH AVE.
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

905 N 46TH AVE.
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 03-0401417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, JOYCE
905 NORTH 46TH AVE
PENSACOLA, FL 32506 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:	D	( ) Delete
Name:	ARNOLD, JOYCE	
Address:	905 NORTH 46TH AVE	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	P	( ) Delete
Name:	ARNOLD, ALPHONSE	
Address:	905 NORTH 46TH AVE	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	V	( ) Delete
Name:	BETTIS, SAMUEL M JR	
Address:	905 NORTH 46TH AVE	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	D	( ) Delete
Name:	JOHNSON, SONJA	
Address:	905 NORTH 46TH AVE	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	D	( ) Delete
Name:	ARNOLD, CHRISTOPHER	
Address:	905 NORTH 46TH AVE	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	D	( ) Delete
Name:	RANKINS, LEON III	
Address:	900 WEST CERVANTES	
City-St-Zip:	PENSACOLA, FL 32501	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALPHONSE ARNOLD P 04/09/2004

Electronic Signature of Signing Officer or Director — Date