

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002546

FILED
Jul 30, 2006
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARNOLD, JOYCE
905 NORTH 46TH AVE
PENSACOLA, FL 32506 US

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 Chapter 119, 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: JOYCE ARNOLD

DIR

07/30/2006

Electronic Signature of Signing Officer or Director

Date