

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004474

FILED
Mar 20, 2009
Secretary of State

Entity Name: SAFE HAVEN WILDLIFE CENTER, INC.

Current Principal Place of Business:

15410 BAILEY HILL ROAD
BROOKSVILLE, FL 34614 US

New Principal Place of Business:

Current Mailing Address:

15410 BAILEY HILL ROAD
BROOKSVILLE, FL 34614 US

New Mailing Address:

FEI Number: 36-4453892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANNAMEYER, SALLY C
15410 BAILEY HILL ROAD
BROOKSVILLE, FL 34614 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: DP () Delete
Name: HANNAMEYER, SALLY C
Address: 15410 BAILEY HILL ROAD
City-St-Zip: BROOKSVILLE, FL 34614 US

Title: DST () Delete
Name: FINLEY, MYRON G
Address: 1216 BELL DRIVE
City-St-Zip: CLEARWATER, FL 33764 US

Title: D () Delete
Name: CZYZOWSKI, ARLENE I
Address: 5633 HALF MOON LAKE ROAD
City-St-Zip: TAMPA, FL 33625 US

Title: D () Delete
Name: GLUCK, DOREEN
Address: 391 WEST JERICHO TURNPIKE
City-St-Zip: HUNTINGTON, NY 11743 US

Title: D (X) Delete
Name: BRENNAN, ISABEL
Address: 666 LAKEWOOD CIRCLE EAST
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D (X) Delete
Name: MCPHEE, SUZANNE A
Address: 17801 DEVONSHIRE ST, UNIT 6
City-St-Zip: NORTHRIDGE, CA 91325 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ISABEL, BRENNER
Address: 666 LAKEWOOD CIRCLE EAST
City-St-Zip: DELRAY BEACH, FL 33445

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

Title: D (X) Change () Addition
Name: SUZANNE, MCPHEE
Address: 17801 DEVONSHIRE ST, UNIT 6
City-St-Zip: NORTHRIDGE, CA 91325

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 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: SALLY C HANNAMEYER

DP

03/20/2009

Electronic Signature of Signing Officer or Director

Date