

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004135

FILED
Mar 27, 2011
Secretary of State

Entity Name: GOOD HEAVEN HEALTH INCORPORATED

Current Principal Place of Business:

1479 NE 180 STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1479 NE 180 STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 55-0829895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. FORT, MARIE L MRS.
1479 NE 180 STREET
NORTH MIAMI BEACH, FL 33162 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: PD
Name: ST. FORT, MARIE L MRS.
Address: 1479 NE 180 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ATD
Name: DURENEY, EDELINE
Address: 511 YVES DAIRY RD #F-306
City-St-Zip: MIAMI, FL 33179

Title: TD
Name: ST. FORT, SIMPSON
Address: 2008 POLE AVE. NORTH
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VD
Name: VERNET, MAGARETTE II
Address: 2903 WATERVIEW CIRCLE
City-St-Zip: PALMSPRING, FL 33461

Title: VD
Name: DELVA, FRANTZ
Address: P O BOX 654
City-St-Zip: POMPANO, FL 33061

Title: VD
Name: SICARD, HERNANDEZ
Address: 3090 PACIFIC WAY
City-St-Zip: MIRAMAR, FL 33025

I hereby 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 all other like empowered.

SIGNATURE: MARIE LOURDES ST. FORT

MS.

03/27/2011

Electronic Signature of Signing Officer or Director

Date