

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90772 047 ****70.00

DOCUMENT # N03000005785

1. Entity Name
SAFE HAVEN'S PLACE INC.



Principal Place of Business
**2800 N.W. 44TH STREET
#109
OAKLAND PARK, FL 33309 US**

Mailing Address
**2800 N.W. 44TH STREET
#109
OAKLAND PARK, FL 33309 US**

14018304



2. Principal Place of Business
**5065 Wiles Road
Suite, Apt. #, etc.
103**

3. Mailing Address
**5065 Wiles Road
Suite, Apt. #, etc.
103**

04202004 Chg-NP CR2E037 (10/03)

City & State
**Coconut Creek, FL
Zip 33073 Country Broward**

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**Coconut Creek, FL
Zip 33073 Country Broward**

4. FEI Number
65-1011857

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAYS, TERI-LYNN
2800 N.W. 44TH STREET
#109
OAKLAND PARK, FL 33309**

7. Name and Address of New Registered Agent

Name **Teri-Lynn Anderson**
Street Address (P.O. Box Number is Not Acceptable)
5065 Wiles Road # 103
City **Coconut Creek** FL Zip Code **33073**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Teri-Lynn Anderson**

DATE **4/26/04**

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DAYS, TERI-LYNN**
STREET ADDRESS **2800 N.W. 44TH STREET #109**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE **VP** ☐ Delete
NAME **THOMPSON, JEANNETTE**
STREET ADDRESS **148 COLLY WAY**
CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE **CH** ☐ Delete
NAME **ANDERSON, JOVANNI**
STREET ADDRESS **2800 N.W. 44TH STREET #109**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE **VP** ☐ Delete
NAME **BROWN, EVERTON**
STREET ADDRESS **1140 N.W. 45TH AVENUE**
CITY-ST-ZIP **LAUDERHILL, FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Anderson, Teri-Lynn**
STREET ADDRESS **5065 Wiles Road # 103**
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE **Melanie Halcom** ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **5065 Wiles Road # 103**
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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: **Teri-Lynn Anderson President** **4/26/04** **822-3720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #