2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# N03000006945

Entity Name: HENDERSON HAVEN, INC.

Current Principal Place of Business:

2554 MOODY AVE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

2554 MOODY AVE
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 57-1181811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HENDERSON, LEE .
2554 MOODY AVE
ORANGE PARK, FL 32073 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: HENDERSON, LEE
Address: 2554 MOODY AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: HENDERSON, SHERRI A
Address: 2554 MOODY AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: HENDERSON, CLAY L
Address: 2552 MOODY AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: HARLOW, MONTGOMERY
Address: 2234 MOURNING DOVE CT
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: CARTER, PATRICIA
Address: 183 OLD JENNINGS RD
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Delete
Name: HOLCOMBE, MARY
Address: 12 GEANNETTE CT
City-St-Zip: ORANGE PARK, FL 32073

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: D (X) Change ( ) Addition
Name: CARTER, PATRICIA
Address: 125 RIDGECREST DR
City-St-Zip: SUFFOLK, VA 23434

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: LEE HENDERSON D 02/28/2005
Electronic Signature of Signing Officer or Director — Date