2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006945

Entity Name: HENDERSON HAVEN, INC.

FILED Feb 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2554 MOODY AVE ORANGE PARK, FL 32073

Current Mailing Address: New Mailing Address:

2554 MOODY AVE ORANGE PARK, FL 32073

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENDERSON, LEE 2554 MOODY AVE

ORANGE PARK, FL 32073 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete HENDERSON, LEE Name: Name:

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

Title: Title: () Delete () Change () Addition

HENDERSON, SHERRI A Name: Name: Address: 2554 MOODY AVE Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

HENDERSON, CLAY L Name: EGGERS, RORY L Name: 797 BLANDING BLVD Address: 2552 MOODY AVE Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32065

(X) Change () Addition Title: () Delete Title: D

Name: HARLOW, MONTGOMERY Name: JON, THRASHER 2234 MOURNING DOVE CT 11232-7 ST JOHNS INDUSTRIAL PKWY N Address: Address:

City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete Title: (X) Change () Addition CARTER, PATRICIA STUART, PAT

Name: Name: 125 RIDGECREST DR 10850 OLD ST AUGUSTINE RD Address: Address:

City-St-Zip: SUFFOLK, VA 23434 City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete Title: (X) Change () Addition

HOLCOMBE, MARY WATKINS, BRIDGETTE Name: Name: Address: 12 GEANNETTE CT Address: 2194 COSMOS AVE MIDDLEBURG, FL 32068 ORANGE PARK, FL 32073 City-St-Zip: 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: LEE HENDERSON **PRES** 02/06/2006