

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006945

FILED
Feb 06, 2008
Secretary of State

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: EGGERS, RORY L
Address: 797 BLANDING BLVD
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: JON, THRASHER
Address: 11232-7 ST JOHNS INDUSTRIAL PKWY N
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: STUART, PAT
Address: 10850 OLD ST AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: WATKINS, BRIDGETTE
Address: 2194 COSMOS AVE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: NAGLE, BOBBI
Address: PO BOX 762
City-St-Zip: MIDDLEBURG, FL 32050

Title: D (X) Change () Addition
Name: WATKINS, FRANCES
Address: 721 FLORIDA ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: LEE HENDERSON

D

02/06/2008

Electronic Signature of Signing Officer or Director

_____ Date