2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# N03000008216

Entity Name: J.H.T. SAFE HAVEN DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

2209 W HERMAN STREET
PENSACOLA, FL 32505 US

New Principal Place of Business:

212 S.
PENSACOLA, FL 32501 US

Current Mailing Address:

2209 W HERMAN STREET
PENSACOLA, FL 32505 US

New Mailing Address:

P. O. BOX 2348
PENSACOLA, FL 325132348 US

FEI Number: 20-0993923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALEXANDER, DAVID III
1325 E CROSS STREET
PENSACOLA, FL 32503 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: MR. ( ) Delete
Name: ALEXANDER, III, DAVID PRES.
Address: 1325 E. CROSS STREET
City-St-Zip: PENSACOLA, FL 32503 US

Title: MR. ( ) Delete
Name: ALEXANDER, JR., DAVID SEC.
Address: 197 BRIGADIER STREET
City-St-Zip: PENSACOLA, FL 32507 US

Title: MR. ( ) Delete
Name: ALEXANDER, FRANKLIN R TRES.
Address: 3109 LOST CREEK ROAD
City-St-Zip: CANTONMENT,, FL 32533 US

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:

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: DAVID ALEXANDER III PRES 05/03/2005

Electronic Signature of Signing Officer or Director — Date