

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008216

FILED  
May 10, 2007  
Secretary of State

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

**Current Principal Place of Business:**

212 S. N STREET  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2348  
PENSACOLA, FL 325132348 US

**New Mailing Address:**

**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 III, DAVID  
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 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: DAVID ALEXANDER III

PRES

05/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date