2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# N03769

Entity Name: SAFE HARBOR HAVEN, INC.

Current Principal Place of Business:

4772 SAFE HARBOR WAY
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

Current Mailing Address:

C/O R. LEE ROWE, III
9471 BAYMEADOWS ROAD, SUITE 203
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2515634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROWE AND ROWE, P. A.
9471 BAYMEADOWS ROAD, SUITE 203
JACKSONVILLE, FL 32256 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: DCOB ( ) Delete
Name: FILMONT, JAMES
Address: 5535 CLIFTON RD
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: DP ( ) Delete
Name: SMITH, ROBBIE
Address: 4822 SAFE HARBOR WAY
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: DT ( ) Delete
Name: SELANDER, GUY
Address: 4772 SAFE HARBOR WAY
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: DVP ( ) Delete
Name: SMITH, DOUGLAS
Address: 4822 SAFE HARBOR WAY
City-St-Zip: JACKSONVILLE, FL 32226

Title: DS ( ) Delete
Name: MEADOWS, SUZANNE
Address: 4772 SAFE HARBOR WAY
City-St-Zip: JACKSONVILLE, FL 32226

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: DS (X) Change ( ) Addition
Name: REYNOLDS, JACK
Address: 4772 SAFE HARBOR WAY
City-St-Zip: JACKSONVILLE, FL 32226

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: ROBBIE W SMITH DP 02/25/2008
Electronic Signature of Signing Officer or Director — Date