2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000004090

Entity Name: SAFE HAVEN FOR GIRLS, INC.

Current Principal Place of Business:

3410 NW 8TH STREET
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

182 BELLA VISTA WAY
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

3410 NW 8TH STREET
FORT LAUDERDALE, FL 33311 US

FEI Number: 56-2457982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORVILLE, FRED A
182 BELLA VISTA WAY
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

KOWLESSAR, ANTONY C
7725 TAM OSHANTER BLVD
NORTH LAUDERDALE, FL 33068 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: ANTONY C. KOWLESSAR 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NORVILLE, MILLICENT S
Address: 182 BELLA VISTA WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP ( ) Delete
Name: WOODBURN, STEPHANIE S
Address: 8000 #2 S. OREGON BLVD.
City-St-Zip: SUNRISE, FL 33322 US

Title: SEC. (X) Delete
Name: NORVILLE, FRED A
Address: 182 BELLA VISTA WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NORVILLE, MILLICENT S
Address: 3410 NW 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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: MILLICENT NORVILLE P 04/29/2009
Electronic Signature of Signing Officer or Director Date