

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04809

1. Corporation Name

THE MIRACLE HAVEN ADULT CONGREGATE LIVING FACILI  
LTY, INC.

Principal Place of Business

4882 OLD ST. AUGUSTINE RD.  
TALLAHASSEE FL 32311-9344

Mailing Address

4882 OLD ST. AUGUSTINE RD.  
TALLAHASSEE FL 32311-9344

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/22/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2509279	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		25		29	30

9. Name and Address of Current Registered Agent

HENDERSON, JOHN A SR.  
1540 RAINBOW RD.  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PP <input type="checkbox"/> DELETE	1.1 TITLE	
NAME	HENDERSON, JOHN A	1.2 NAME	200002754912--8
STREET ADDRESS	1540 RAINBOW RD.	1.3 STREET ADDRESS	-01/26/99--01049-005
CITY-ST-ZIP	TALLAHASSEE FL 32310	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	HENDERSON, JACOB B	2.2 NAME	
STREET ADDRESS	4012 BUSTER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HENDERSON, JERRY R	3.2 NAME	
STREET ADDRESS	4882 OLD ST AUGUSTINE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HENDERSON, JEFFREY R	4.2 NAME	
STREET ADDRESS	4015 BUSTER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BLAKE, SYLVIA H	5.2 NAME	
STREET ADDRESS	4011 BISHOP ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)