

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N04809**

1. Entity Name

**THE MIRACLE HAVEN ADULT CONGREGATE LIVING  
FACILITY, INC.**



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 22 PM 1:31

66415691

Principal Place of Business

3523 MIRACLE CT.  
TALLAHASSEE FL 32311

Mailing Address

3523 MIRACLE CT.  
TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2509279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME HENDERSON, JOHN A  
STREET ADDRESS 1540 RAINBOW RD.  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600033797026  
CITY-ST-ZIP 04/26/04--01008--019 \*\*61.25

TITLE ☐ Delete  
NAME HENDERSON, JACOB B  
STREET ADDRESS 4012 BUSTER RD.  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME HENDERSON, JERRY R  
STREET ADDRESS 1523 MIRACLE COURT  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME HENDERSON, JEFFREY R  
STREET ADDRESS 4020 BUSTER ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BLAKE, SYLVIA H  
STREET ADDRESS 4011 BISHOP ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME HENDERSON, JOHN JR  
STREET ADDRESS 1540 RAINBOW ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #