

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90258 005 ****61.25

DOCUMENT # N04809

1. Entity Name

Miracle Haven Adult Congregate Living Facility, Inc.

DO NOT WRITE IN THIS SPACE

90124346

2. Principal Place of Business 3523 Miracle Ct. Suite, Apt. #, etc.	3. Mailing Address 3523 Miracle Ct. Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32311	Zip 32311
Country Leon	Country Leon

4. FEI Number 59-2509279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John A. Henderson
Street Address (P.O. Box Number is Not Acceptable) 1540 Rainbow Rd.
City Tallahassee FL
Zip Code 32310

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.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP Director John A. Henderson / Catherine Henderson 1540 Rainbow Road Tallahassee, FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D John Henderson, Jr. 1540 Rainbow Road Tallahassee, FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP S/T Sylvia H. Blake 4011 Bishop Road Tallahassee, FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Jacob B. Henderson 4012 Buster Rd Tallahassee, FL 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Jerry R. Henderson 3523 Miracle Ct. Tallahassee, FL 32311	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Jeffrey R. Henderson 4020 Buster Rd Tallahassee, FL 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John A. Henderson John A. Henderson 4-30-03 850-877-5405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)