

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000002447

FILED
Jul 24, 2007
Secretary of State

Entity Name: ALBERTA SAFE HAVEN COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

16425 NW 38TH PLACE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

16425 NW 38TH PLACE
MIAMI, FL 33054

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WADE, ALBERTA
16425 NW 38TH PLACE
MIAMI, FL 33054 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: ALBERTA WADE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EASON, WONDERA
Address: 17405 NW 75TH PLACE UNIT 208
City-St-Zip: PALM SPRINGS NORTH, FL 33015

Title: V () Delete
Name: WADE, ALBERTA
Address: 16425 NW 38TH PLACE
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: WADE, WALTER
Address: 2916 NW 192ND LANE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: EASON, ASHLEY
Address: 17405 NW 75TH PLACE
City-St-Zip: PALM SPRINGS NORTH, FL 33015

Title: D () Delete
Name: WADE, SUMMER
Address: 16425 NW 38TH PLACE
City-St-Zip: MIAMI, FL 33054

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: () 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: WONDERA EASON

PRES

07/24/2007

Electronic Signature of Signing Officer or Director

Date