

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N06000000543

Entity Name: SANFORD SAFE HAVEN, INC.

Current Principal Place of Business:

1916 W 13TH STREET
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 1481
SANFORD, FL 32772

New Mailing Address:

FEI Number: 54-2191696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, CAROLYN D
3493 OAK KNOLL POINT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, CAROLYN D
Address: 210 S. SANFORD AVE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: WALKER, HARLAN C
Address: 210 S. SANFORD AVE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: NORFLEET, KATHERINE
Address: 1001 MCDANIEL COURT
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: RAMIREZ, MANUEL
Address: 573 SULLIVAN STREET
City-St-Zip: DELTONA, FL 32725

Title: O () Delete
Name: RAMIREZ, JOSEPHINA
Address: 573 SULLIVAN STREET
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALKER, CAROLYN D
Address: 3493 OAK KNOLL POINTE
City-St-Zip: LAKE MARY, FL 32772

Title: VP (X) Change () Addition
Name: WALKER, HARLAN C
Address: 3493 OAK KNOLL POINTE
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: RAMIREZ, MANUEL
Address: 2125 ELCAMPO
City-St-Zip: DELTONA, FL 32725

Title: O (X) Change () Addition
Name: RAMIREZ, JOSEPHINA
Address: 2125 ELCAMPO
City-St-Zip: DELTONA, FL 32725

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: CAROLYN D. WALKER

P

03/12/2008

Electronic Signature of Signing Officer or Director

Date