2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-16-2007 90043 006 ****61.25
N06000008554
FILED
07 MAY -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000008554

1. Entity Name
THE HAVEN DROP-IN CENTER, INC.

Principal Place of Business	Mailing Address
4428 PARMELY CHARLOTTE HARBOR, FL 33980	4428 PARMELY CHARLOTTE HARBOR, FL 33980

04052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1289084 ☐ 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
ROMILLO, ANA M 4428 PARMELY CHARLOTTE HARBOR, FL 33980	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

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNETT, LOWELL D 20299 EMERALD AVE PORT CHARLOTTE, FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOUISSIOS, MARY 21405 OLEAN BLVD. APT. 417 PORT CHARLOTTE, FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILHOUR, GEORGE 35711 WASHINGTON LOOP RD. UNIT #10 PUNTA GORDA, FL 33982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTRELL, SUSAN B 1999 KINGS HIGHWAY #24B PORT CHARLOTTE, FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWE, MARTHA 1051 FORREST NELSON BLVD. PORT CHARLOTTE, FL 330521183	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUTHBERT, NORMADEAN 4483 PARMELY CHARLOTTE HARBOR, FL 33980	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, LESLIE 302 CAPATOLA PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JB 5/10	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMILLO, ANA M 2120 LUCKY STREET PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: A. Romillo. Ana M. Romillo, Treasurer 4/11/07 941-626-7046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #