2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2008
Secretary of State

DOCUMENT# N07000000259

Entity Name: HAVEN HOMESCHOOLERS, INC.

Current Principal Place of Business:

112 BYRON PLACE
WINTER HAVEN, FL 33884-230

New Principal Place of Business:

887 MEADOWLARK CT
WINTER HAVEN, FL 33884

Current Mailing Address:

112 BYRON PLACE
WINTER HAVEN, FL 33884-230

New Mailing Address:

PO BOX 684
BABSON PARK, FL 33827

FEI Number: 20-8271586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SOUTHARD, BRIDGET L
112 BYRON PLACE
WINTER HAVEN, FL 33884-230 US

Name and Address of New Registered Agent:

LEWELLEN, DANEVA
887 MEADOWLARK CT
WINTER HAVEN, FL 33884 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: DANEVA LEWELLEN 04/13/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOUTHARD, BRIDGET L
Address: 112 BYRON PLACE
City-St-Zip: WINTER HAVEN, FL 33884-230

Title: VP ( ) Delete
Name: LEWELLEN, DANEVA
Address: 887 MEADOWLARK COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: SECR (X) Delete
Name: PHENEGER, DONNA
Address: 4700 LEGEND COURT
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEWELLEN, DANEVA
Address: 887 MEADOWLARK CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: T (X) Change ( ) Addition
Name: BRYAN, PAMELA D
Address: 260 BLACKWELL VILLA COVE
City-St-Zip: BABSON PARK, FL 33827

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: PAMELA D BRYAN T 04/13/2008
Electronic Signature of Signing Officer or Director Date