

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2008  
Secretary of State**

DOCUMENT# N07000008203

Entity Name: SAFE HAVEN FOR THE DISABLED, INC.

**Current Principal Place of Business:**

9370 NW 42ND CT  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

9370 NW 42ND CT  
SUNRISE, FL 33351

**New Mailing Address:**

FEI Number: 65-1311911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLWOOD, OPAL  
9370 NW 42ND CT  
SUNRISE, FL 33351      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: CEOD ( ) Delete  
Name: CHRISTIE, MARLON  
Address: 9370 NW 42ND CT  
City-St-Zip: SUNRISE, FL 33351

Title: PD ( ) Delete  
Name: MILLWOOD, OPAL  
Address: 9370 NW 42ND CT  
City-St-Zip: SUNRISE, FL 33351

Title: VD ( ) Delete  
Name: BROWN, DESMOND  
Address: 9370 NW 42ND CT  
City-St-Zip: SUNRISE, FL 33351

**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:

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: OPAL MILLWOOD

PD

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date