2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008203

FILED May 01, 2009 Secretary of State

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Entity Na	ame: SAFE HAVEN FOR THE DISABLED, INC.			
	and of the provider the blockbees, into			
Current Principal Place of Business:		New Principal Pla	ce of Business:	
	42ND CT			
SUNRISE	F, FL 33351			
Current Mailing Address:		New Mailing Addr	ess:	
	42ND CT E, FL 33351			
	r: 65-1311911 FEI Number Applied For() F nce with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not Applicable () ceive the prior notice.	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address	s of New Registered Agent:	
9370 NW SUNRISE The above	DD, OPAL 42ND CT E, FL 33351 US e named entity submits this statement for the purp te of Florida.	ose of changing its registe	ered office or registered agent, or both,	
in the Stat SIGNATU				
Electronic Signature of Registered Agent			 Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEOD () Delete CHRISTIE, MARLON 9370 NW 42ND CT SUNRISE, FL 33351	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	PD () Delete	Title:	() Change () Addition	
Name: Address:	MILLWOOD, OPAL 9370 NW 42ND CT	Name: Address:		
City-St-Zip:	SUNRISE, FL 33351	City-St-Zip:		
Title:	SUNRISE, FL 33351 VD () Delete	City-St-Zip: Title:	() Change () Addition	
Title: Name:	SUNRISE, FL 33351 VD () Delete BROWN, DESMOND	City-St-Zip: Title: Name:	()Change ()Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	SUNRISE, FL 33351 VD () Delete	City-St-Zip: Title:	()Change ()Addition	

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: MARLON CHRISTIE CEOD 05/01/2009