

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 15, 2011
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
Name: CHRISTIE, MARLON
Address: 9370 NW 42ND CT
City-St-Zip: SUNRISE, FL 33351

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARLON CHRISTIE

CEOD

03/15/2011

Electronic Signature of Signing Officer or Director

Date