

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008203

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**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:**

9370 NW 42ND CT  
SUNRISE, FL 33351 UN

**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: CEO  
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

CEO

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date