

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007464

FILED
Sep 23, 2009
Secretary of State

Entity Name: SAFE HAVEN OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

1114 MAYFLOWER RD.
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1114 MAYFLOWER RD.
FT. PIERCE, FL 34950

New Mailing Address:

1911 AVENUE O
FT. PIERCE, FL 34950

FEI Number: 26-3183641 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, JANNIFER
1114 MAYFLOWER RD.
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

ARNETT, CURTESA
4140 MIDDLEBROOK RD.
APT. 825
ORLANDO, FL 32811 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: CURTESA ARNETT

09/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OATTS, DORTHEA
Address: 1911 AVENUE O
City-St-Zip: FT. PIERCE, FL 34950

Title: VP () Delete
Name: OATTS, VICTOR
Address: 1911 AVENUE O
City-St-Zip: FT. PIERCE, FL 34950

Title: TREA () Delete
Name: PACK-YOUNG, LYNDIA
Address: 4141 WORLINGTON TERRACE
City-St-Zip: FT. PIERCE, FL 34947

Title: DIR. () Delete
Name: JONES, JACQUE
Address: 104 FENNEMORE CT.
City-St-Zip: FT. PIERCE, FL 34946

Title: DIR. () Delete
Name: GRIFFIN, CONSTANCE
Address: 3500 AVENUE S
City-St-Zip: FT. PIERCE, FL 34947

Title: DIR () Delete
Name: DZADOVSKY, CHRISTOPHER
Address: 214 E. ORANGE AVENUE
City-St-Zip: FT. PIERCE, FL 34950

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: SMITH, CASSANDRA
Address: 4056 GREENWOOD DR.
City-St-Zip: FT. PIERCE, FL 34982

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: DORTHEA OATTS

OFF

09/23/2009

Electronic Signature of Signing Officer or Director

Date