

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007464

FILED
Jan 18, 2010
Secretary of State

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

Current Principal Place of Business:

1911 AVENUE O
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2614
FT. PIERCE, FL 34954

New Mailing Address:

FEI Number: 26-3183641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNETT, CURTESA
1911 AVENUE O
FT. PIERCE, FL 34950 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: P
Name: OATTS, DORTHEA
Address: 1911 AVENUE O
City-St-Zip: FT. PIERCE, FL 34950

Title: DIR
Name: OATTS, VICTOR
Address: 1911 AVENUE O
City-St-Zip: FT. PIERCE, FL 34950

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

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

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

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

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: DORTHEA OATTS

DIR

01/18/2010

Electronic Signature of Signing Officer or Director

Date