2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N08000009536

Entity Name: SAFE HAVEN ANIMAL RESCUE, INC.

Current Principal Place of Business:

13225 M.J. ROAD
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

13225 M.J. ROAD
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 26-4148505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDERCAR, REYNA
2833 WOOD STREET
SARASOTA, FL 34237 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: DP ( ) Delete
Name: GOODMAN, SUE
Address: 13255 M.J. ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: DVP ( ) Delete
Name: LITE, D'GAIL
Address: 1850 SOUTHWOOD ST
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: CHRISTENSEN, CATHERINE
Address: PO BOX 48492
City-St-Zip: SARASOTA, FL 34230

Title: S ( ) Delete
Name: GARDNER, BARB
Address: 13255 M.J. ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: T ( ) Delete
Name: QUESTIONATA, CHERYL
Address: 13255 M.J. ROAD
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GOODMAN, SUE
Address: 13225 M.J. ROAD
City-St-Zip: MYAKKA CITY, FL 34251

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

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

Title: S (X) Change ( ) Addition
Name: GARDNER, BARB
Address: 4556 BARTON
City-St-Zip: SARASOTA, FL 34232

Title: T (X) Change ( ) Addition
Name: QUESTIONATI, CHERYL
Address: 13225 M.J. ROAD
City-St-Zip: MYAKKA CITY, FL 34251

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: SUE GOODMAN DP 02/05/2009

Electronic Signature of Signing Officer or Director — Date