

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011568

FILED
Feb 06, 2009
Secretary of State

Entity Name: GODFREY'S HAVEN INC.

Current Principal Place of Business:

8998 OLD WIRE PLACE
BRYCEVILLE, FL 32009

New Principal Place of Business:

Current Mailing Address:

8998 OLD WIRE PLACE
BRYCEVILLE, FL 32009

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD., SUITE A-100
TAMPA, FL 33612 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 () Delete
Name: DAVIS, BRUCE
Address: 8998 OLD WIRE PLACE
City-St-Zip: BRYCEVILLE, FL 32009

Title: S () Delete
Name: HUNT, LISA
Address: 8998 OLD WIRE PLACE
City-St-Zip: BRYCEVILLE, FL 32009

Title: T () Delete
Name: GODFREY, MARY
Address: 8998 OLD WIRE PLACE
City-St-Zip: BRYCEVILLE, FL 32009

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:

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: BRUCE DAVIS

P

02/06/2009

Electronic Signature of Signing Officer or Director

Date