


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 11, 2008 8:00 am
Secretary of State

02-01-2008 90017 045 ****70.00

DOCUMENT # N14947 1. Entity Name THE HAVEN FOR CHILDREN, INC.					
Principal Place of Business P.O. BOX 327 MELBOURNE, FL 32902			Mailing Address P.O. BOX 327 MELBOURNE, FL 32902		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2722408	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINMAN, JAMES L 1825 S. RIVERVIEW DRIVE MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME STARKEY, TODD STREET ADDRESS 3520 MANASSAS AVE. CITY-ST-ZIP MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE President NAME Stephen Titus STREET ADDRESS 305 E. Melbourne Ave CITY-ST-ZIP MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME BRECKENRIDGE, DONALD STREET ADDRESS 439 KIMBERLY DRIVE CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME Kaye Cantrell STREET ADDRESS PO Box 33832 CITY-ST-ZIP Indianapolis, IN 46203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SULLIVAN, DONNA STREET ADDRESS 6225 CAPSTAN COURT CITY-ST-ZIP ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Scott Kimms STREET ADDRESS 263 Ocean Residence Ct CITY-ST-ZIP Satellite Bch, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME VANDERVEAN, SUSAN STREET ADDRESS 1031 STRATFORD PLACE CITY-ST-ZIP MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Grace Gillis STREET ADDRESS 222 Glengary Ave CITY-ST-ZIP Melbourne Bch, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jimmy H. Hume</i> Executive Director 1/21/08 301-670-6888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66003232



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2722408

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REINMAN, JAMES L
1825 S. RIVERVIEW DRIVE
MELBOURNE, FL 32901

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
D
NAME
STARKEY, TODD
STREET ADDRESS
3520 MANASSAS AVE.
CITY-ST-ZIP
MELBOURNE, FL 32934

☒ Delete

TITLE
President
NAME
Stephen Titus
STREET ADDRESS
305 E. Melbourne Ave
CITY-ST-ZIP
MELBOURNE, FL 32901

☐ Change ☒ Addition

TITLE
T
NAME
BRECKENRIDGE, DONALD
STREET ADDRESS
439 KIMBERLY DRIVE
CITY-ST-ZIP
MELBOURNE, FL 32940

☒ Delete

TITLE
Vice President
NAME
Kaye Cantrell
STREET ADDRESS
PO Box 33832
CITY-ST-ZIP
Indianapolis, IN 46203

☐ Change ☒ Addition

TITLE
VP
NAME
SULLIVAN, DONNA
STREET ADDRESS
6225 CAPSTAN COURT
CITY-ST-ZIP
ROCKLEDGE, FL 32955

☒ Delete

TITLE
Treasurer
NAME
Scott Kimms
STREET ADDRESS
263 Ocean Residence Ct
CITY-ST-ZIP
Satellite Bch, FL 32937

☐ Change ☒ Addition

TITLE
PD
NAME
VANDERVEAN, SUSAN
STREET ADDRESS
1031 STRATFORD PLACE
CITY-ST-ZIP
MELBOURNE, FL 32940

☒ Delete

TITLE
Secretary
NAME
Grace Gillis
STREET ADDRESS
222 Glengary Ave
CITY-ST-ZIP
Melbourne Bch, FL 32951

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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SIGNATURE: *Jimmy H. Hume* **Executive Director** **1/21/08** **301-670-6888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jimmy H. Hume