2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N14947

Entity Name: THE HAVEN FOR CHILDREN, INC.

Current Principal Place of Business:

P.O. BOX 327
MELBOURNE, FL 32902

New Principal Place of Business:

1825 S. RIVERVIEW DRIVE
MELBOURNE, FL 32901

Current Mailing Address:

P.O. BOX 327
MELBOURNE, FL 32902

New Mailing Address:

FEI Number: 59-2722408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINMAN, JAMES L
1825 S. RIVERVIEW DRIVE
MELBOURNE, FL 32901 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: TITUS, STEPHEN
Address: 305 E. MELBOURNE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: VP ( ) Delete
Name: CANTRELL, KAYE
Address: PO BOX 33832
City-St-Zip: INDIALANTIC, FL 32903

Title: T ( ) Delete
Name: KEMPS, SCOTT
Address: 263 OCEAN RESIDENCE CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S ( ) Delete
Name: GILLIS, GRACE
Address: 222 GLENGARRY AVE
City-St-Zip: MELBOURNE BEACH, FL 32951

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:

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: KIMBERLY STRAEHLA EX D 01/26/2009

Electronic Signature of Signing Officer or Director — Date