2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State
02-16-2005 90022 039 ****61.25

DOCUMENT # N47482

1. Entity Name
FAIRHAVEN SOUTH, INC.

Principal Place of Business	Mailing Address
751 W CAREY LANE AVON PARK, FL 33825 US	1042 N BRAINERD AVE. AVON PARK, FL 33825 US

02052006 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0339453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, MARY LOU
1042 N BRAINERD AVE.
AVON PARK, FL 33825

7. Name and Address of New Registered Agent

Name: Crist, Leland
Street Address (P.O. Box Number is Not Acceptable): 683 Wesley Circle
City: Avon Park **FL** Zip Code: 33825

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: Leland Crist, Director 2-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCE, BURT 2408 SUNRISE KEY BLVD FT LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Harriman, Hubert 808 W. 4th Street Marion, Indiana 46952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PEED, BOBBY R 600 PINE AVENUE BUTLER, GA 31006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kelley, Eldred 1110 N. Florida Avenue Avon Park, Florida 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOROTHY, DALE E 3783 STATE RD 18 EAST MARION, IN 46952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gerald, Billy 995 Greenview Trail NE Brookhaven, MS 39601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC TRUEX, E. MELVIN 179 SKYLINE DR. LANCASTER, OH 43130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lauter, Roy 409 Akens Drive Wilmore, KY 40390	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCOLLUM, SHELLY 3783 STATE ROAD 18 EAST MARION, IN 46952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LINDVALL, BRENT 3783 STATE ROAD 18 EAST MARION, IN 46952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Leland Crist 02-07-05 863-453-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brent C. Lindvall, Treasurer BRENT C. LINDVALL, TREA. 4/5/05