


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90049 011 ****61.25

DOCUMENT # N93000002849					
1. Entity Name HAVEN OF DIVINE LOVE, THE NELSEN RESIDENCE, INC.					
Principal Place of Business 2315 SE 15TH PLACE OFFICE CAPE CORAL FL 33990		Mailing Address 2315 S.E. 15TH PLACE OFFICE CAPE CORAL FL 33990 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0443152	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENTA, JEROME F 2315 SE 15TH PLACE OFFICE CAPE CORAL FL 33990			7. Name and Address of New Registered Agent Name Eleanor M. Nelsen Street Address (P.O. Box Number is Not Acceptable) 2315 S.E. 15th Place Office City Cape Coral, FL 33990		
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: <u><i>Eleanor M. Nelsen</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DP NELSEN, ELEANOR M 2315 SE 15TH PLACE CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eleanor M. Nelsen <input type="checkbox"/> Change <input type="checkbox"/> Addition 2315 S.E. 15th Pl. #1 Cape Coral, Fl. 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIKORSKI, LESZEK STUDYING AT FORDHAM UN. NEW YORK NY 10010-6463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sikorski, Leszek <input type="checkbox"/> Change <input type="checkbox"/> Addition US Navy Chaplain Norfolk, Virginia		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D VALENTA, JEROME F 2315 S.E. 15TH PLACE CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUAN P. Cordero <input type="checkbox"/> Change <input type="checkbox"/> Addition 1437 Viking Ct. Cape Coral, Fl. 33904		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONJI, GLADYS 2315 S.E. 15TH PLACE CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lucille Patenaude <input type="checkbox"/> Change <input type="checkbox"/> Addition 2315 S.E. 15th Pl #16 Cape Coral, Fl. 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYAR, JESSE 2315 SE 15TH PLACE UNIT 13 CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia ZYgiel <input type="checkbox"/> Change <input type="checkbox"/> Addition 2315 S.E. 15th Pl. #18 Cape Coral, Fl. 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eleanor M. Nelsen*