

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# N93000002849

Entity Name: HAVEN OF DIVINE LOVE, THE NELSEN RESIDENCE, INC.

Current Principal Place of Business:

2315 SE 15TH PLACE
OFFICE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

2315 S.E. 15TH PLACE
OFFICE
CAPE CORAL, FL 33990 US

New Mailing Address:

PMB 185
2323 DEL PRADO BLVD. S #7
CAPE CORAL, FL 33990 US

FEI Number: 65-0443152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSEN, ELEANOR
2315 SE 15TH PLACE
OFFICE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

VALENTA, JEROME F
2315 SE 15TH PLACE
OFFICE
CAPE CORAL, FL 33990 US

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: JEROME F. VALENTA

03/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NELSEN, ELEANOR M
Address: 2315 SE 15TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: SIKORSKI, LESZEK
Address: US NAVY CHAPLAIN
City-St-Zip: NORFOLK, VA

Title: VP-D () Delete
Name: VALENTA, JEROME F
Address: 2315 S.E. 15TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: MONJI, GLADYS
Address: 2315 S.E. 15TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: BOYAR, JESSE
Address: 2315 SE 15TH PLACE UNIT 13
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: ZYGIEL, PATRICIA
Address: 2315 SE 15TH PL#18
City-St-Zip: CAPE CORAL, FL 33990

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:

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: JEROME F. VALENTA

VP

03/20/2008

Electronic Signature of Signing Officer or Director

Date