

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90091 040 ****61.25

DOCUMENT # N94000002742

1. Entity Name

CRITTERS SAFE HAVEN, INC.



Principal Place of Business

1945 GARCON POINT RD
MILTON FL 32570
US

Mailing Address

1945 GARCON POINT ROAD
MILTON FL 32570
US

24027161



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

1945 GARCON POINT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MILTON, FL.

4. FEI Number

59-3251707

Applied For

Not Applicable

Zip

Country

Zip

32583

Country

USA

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

ROTHBART, VIRGINIA V
1945 GARCON POINT RD
MILTON FL 32583

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PVD
NAME ROTHBART, VIRGINIA V
STREET ADDRESS 1945 GARCON POINT RD
CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME ROTHBART, VIRGINIA V
STREET ADDRESS 1945 GARCON POINT RD
CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/02/04