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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002286 (9)**

1. Corporation Name

**SAFE HAVEN CHRISTIAN CHURCH CORP.**



Principal Place of Business <b>1000 LEE BLVD., STE. 302 LEHIGH ACRES FL 33936</b>	Mailing Address <b>1000 LEE BLVD., STE. 302 LEHIGH ACRES FL 33936</b>
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3. Date Incorporated or Qualified  
**04/23/1997**

4. FEI Number  
**65-0778275**

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAINS, GLENN D**

**1000 LEE BLVD., STE. 302**

**LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP VERNEAU, PAT**

STREET ADDRESS **1400 KIMDALE**

CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ DELETE

NAME **OV SHEDIO, MARSHALL**

STREET ADDRESS **4407 14TH ST., SW**

CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ DELETE

NAME **DT PATTY, RICHARD**

STREET ADDRESS **1313 SW 21ST TERR.**

CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ DELETE

NAME **DS SCOTT, ALICE**

STREET ADDRESS **5 PALM BLVD.**

CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E037 (10/97)

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4-1 27-98 540-5657