

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 012 ****61.25

DOCUMENT # N97000002286

1. Corporation Name

SAFE HAVEN CHRISTIAN CHURCH CORP.

6 8 9 12 9 *

Principal Place of Business
1000 LEE BLVD., STE. 302
LEHIGH ACRES FL 33936

Mailing Address
1000 LEE BLVD., STE. 302
LEHIGH ACRES FL 33936



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/23/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0778275

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAINS, GLENN D
1000 LEE BLVD., STE. 302
LEHIGH ACRES FL 33936

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME VERNEAU, PAT
STREET ADDRESS 1400 KIMDALE
CITY-ST-ZIP LEHIGH ACRES FL 33936
☒ DELETE

1.1 TITLE DP
1.2 NAME Hughes, WAYNE
1.3 STREET ADDRESS 416 Highland Ave
1.4 CITY-ST-ZIP Lehigh Acres FL 33972
☒ Change ☐ Addition

TITLE DV
NAME SHEDIO, MARSHALL
STREET ADDRESS 4407 14TH ST., SW
CITY-ST-ZIP LEHIGH ACRES FL 33936
☒ DELETE

2.1 TITLE DV
2.2 NAME Goodwin, DAN
2.3 STREET ADDRESS 221 Hamilton Ave
2.4 CITY-ST-ZIP Lehigh Acres FL 33936
☒ Change ☐ Addition

TITLE DT
NAME PATTY, RICHARD
STREET ADDRESS 1313 SW 21ST TERR.
CITY-ST-ZIP CAPE CORAL FL 33991
☒ DELETE

3.1 TITLE DT
3.2 NAME White, ADREA
3.3 STREET ADDRESS 4609 5th St, W
3.4 CITY-ST-ZIP Lehigh Acres FL 33971
☒ Change ☐ Addition

TITLE DS
NAME SCOTT, ALICE
STREET ADDRESS 5 PALM, BLVD.
CITY-ST-ZIP LEHIGH ACRES FL 33936
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Charles D. Hughes 7/25/99 941-369-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)