

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).

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

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

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # N97000002286**

1. Corporation Name  
**SAFE HAVEN CHRISTIAN CHURCH CORP.**

600189-90008-12

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	
21		26		04/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0778275	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VERNEAU, PAT			1.2 NAME	HUGHES, WAYNE		
STREET ADDRESS	1400 KIMDALE			1.3 STREET ADDRESS	416 HIGHLAND AVE		
CITY-ST-ZIP	LEHIGH ACRES FL 33936			1.4 CITY-ST-ZIP	LEHIGH ACRES FL 33972		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEDIO, MARSHALL			2.2 NAME	GOODWIN, DAN		
STREET ADDRESS	4407 14TH ST., SW			2.3 STREET ADDRESS	221 HAMILTON AVE		
CITY-ST-ZIP	LEHIGH ACRES FL 33936			2.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATTY, RICHARD			3.2 NAME	WHITE, ADREA		
STREET ADDRESS	1313 SW 21ST TERR.			3.3 STREET ADDRESS	4609 5th St, W		
CITY-ST-ZIP	CAPE CORAL FL 33991			3.4 CITY-ST-ZIP	LEHIGH ACRES FL 33971		
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, ALICE			4.2 NAME			
STREET ADDRESS	5 PALM, BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL 33936			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

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

CR2E037 (5/99)