

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002286

1. Entity Name

SAFE HAVEN CHRISTIAN CHURCH CORP.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0778275

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
DP
HUGHES, WAYNE
416 HIGHLAND AVE
LEHIGH ACRES FL 33972

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
DV
GOODWIN, DAN
221 HAMILTON AVE
LEHIGH ACRES FL 33936

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
DT
WHITE, ADREA
4609 5TH ST W
LEHIGH ACRES FL 33971

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

Glenn D. Mains
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-01

941-369-0038

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)