

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005901

FILED
Mar 16, 2007
Secretary of State

Entity Name: HAVEN HOUSE MISSION CHURCH, INC.

Current Principal Place of Business:

356 NELLIE DR.
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 2279
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3540722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAUCHE', CHARLES
356 NELLIE DR.
PO BOX 2279
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

PLAUCHE', CHARLES
356 NELLIE DR.
SANTA ROSA BEACH, FL 32459 US

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: CHARLES PLAUCHE

03/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTRU () Delete
Name: PLAUCHE, CHARLES
Address: 528 NELLIE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VSTR (X) Delete
Name: EARLES, CHARLES
Address: 3218 BAY ESTATES CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32550

Title: TTRU (X) Delete
Name: SCHLOSS, HOWARD
Address: 8715 ANCHORAGE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32550

Title: TRU () Delete
Name: PLAUCHE, TARA E
Address: 528 NELLIE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TRU () Delete
Name: WELLBORN, JAMES
Address: 249 EAST MAC BAYOU
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TTRU (X) Change () Addition
Name: PLAUCHE, TARA E
Address: 528 NELLIE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VSTR (X) Change () Addition
Name: WELLBORN, JAMES
Address: 249 EAST MAC BAYOU
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES PLAUCHE

PTRU

03/16/2007

Electronic Signature of Signing Officer or Director

Date