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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006499

1. Corporation Name
CARE HAVEN SERVICE INC.

Principal Place of Business 8051 WAXWING AVENUE JACKSONVILLE FL 32219	Mailing Address 8051 WAXWING AVENUE JACKSONVILLE FL 32219
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/16/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3543549
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent JONES, SUSIE E 8051 WAXWING AVENUE JACKSONVILLE FL 32219	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME JONES, SUSIE E	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5111 FOXBORO ROAD	CITY-ST-ZIP JACKSONVILLE FL 32208	1.2 NAME	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME MONROE, CAROL L	1.3 STREET ADDRESS	
STREET ADDRESS 385 PERTHSHIRE DRIVE	CITY-ST-ZIP ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME MOTE, PENNY	2.1 TITLE Vice- President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1640 DOT STREET	CITY-ST-ZIP JACKSONVILLE FL 32209	2.2 NAME D Patrick R. Jones	
TITLE		2.3 STREET ADDRESS 6751 Tinkerbelle Ln.	
NAME		2.4 CITY-ST-ZIP Jacksonville, Florida 32210	
STREET ADDRESS		3.1 TITLE Secretary-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.2 NAME D Carl L. Thomas	
		3.3 STREET ADDRESS 8132 Waxwing Ave.	
		3.4 CITY-ST-ZIP Jacksonville, Florida 32219	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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: Susie Jones **SIGNATURE REQUIRED** President Date: 4-9-99 Daytime Phone # _____

CR2E037 (1/98)