

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-28-2004 90163 049 *****70.00

FILED

04 MAY 11 AM 10:24

TALLAHASSEE, FLORIDA

94068652

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N98000006499**

1. Entity Name

CARE HAVEN SERVICE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10650 HAVERFORD RD.		3. Mailing Address 10650 HAVERFORD RD.	
Suite, Apt. #, etc. #5		Suite, Apt. #, etc. #5	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FL.	
Zip 32218	Country DUVAL	Zip 32218	Country DUVAL

4. FEI Number 59-3543549	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SUSIE E. JONES	
Street Address (P.O. Box Number is Not Acceptable) 10650 HAVERFORD RD.	
# 5	
City JACKSONVILLE,	FL Zip Code 32218

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susie E. Jones, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JONES, SUSIE E. 10537 - ASHBY RD. JACKSONVILLE, FLORIDA 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LINDER, EMMA JEAN 437 CHESTNUT DR. JACKSONVILLE, FLORIDA 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MONROE, CAROL 385 PERTSHIRE DR. ORANGE PARK, FLORIDA 32-73
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER HOBBS, JOAN 4148 KEXINGTON AVE. JACKSONVILLE, FLORIDA 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER POLLARD, ROBIN 12450 BISCAYNE RD. # 1823 JACKSONVILLE, FLORIDA 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Susie E. Jones, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

(904) 696-2096

Daytime Phone #

CR2E037B (12/02)