


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90089 044 \*\*\*\*70.00

<b>DOCUMENT #</b> <u>N9800000499</u>	
<b>1. Entity Name</b> <b>CARE HAVEN SERVICES, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

40031515

CR2E037B (8/05)

<b>2. Principal Place of Business</b> <b>419 CORDELL AVE.</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <b>419 CORDELL AVE.</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> <b>INTERLACHEN, FL</b>		<b>City &amp; State</b> <b>INTERLACHEN, FL</b>	
<b>Zip</b> <b>32148</b>	<b>Country</b> <b>PUTNAM</b>	<b>Zip</b> <b>32148</b>	<b>Country</b> <b>PUTNAM</b>
<b>4. FEI Number</b> <b>59-3543549</b>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** SUSIE JONES THOMAS

**Street Address (P.O. Box Number is Not Acceptable)**

**419 CORDELL AVE.**

**City**  
**INTERLACHEN**

**FL** **Zip Code**  
**32148**

**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 Jones Thomas* **SUSIE JONES THOMAS**

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

(NOTE: Registered Agent signature required when reinstating)

**03/10/06**

DATE

**FEE IS \$61.25**  
**Initial or Amended AR**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> <b>THOMAS, SUSIE JONES</b> <b>419 CORDELL AVE.</b> <b>INTERLACHEN, FL 32148</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE-PRESIDENT</b> <b>LINDER, EMMA JEAN</b> <b>437 CHESTNUT DR.</b> <b>JACKSONVILLE, FL 32208</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY</b> <b>MONROE, CAROL</b> <b>385 PERTSHIRE DR.</b> <b>ORANGE PARK, FL 32073</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>BOARD MEMBER</b> <b>COLEMAN, GWENDOLYN</b> <b>1149 SARASOTA LN.</b> <b>JACKSONVILLE, FL 32218</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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 Jones Thomas* **SUSIE JONES THOMAS**

**03/10/06** 1386 684