FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90068 026 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N98000006499

1. Entity Name
CARE HAVEN SERVICE INC.

Principal Place of Business	Mailing Address
5133 SOUTEL DR. 2 BOX 4 JACKSONVILLE, FL 32208	[redacted] 5133-2 Soutel Dr. Box 4 Jacksonville, FL 32208

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	5133-2 Box 4 Suite, Apt. #, etc.
City & State	City & State: JAX, FL
Zip / County	Zip: 32208 / County: DUVAL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3543549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, SUSIE E 6051 WAXWING AVENUE JACKSONVILLE, FL 32219	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

FILING FEE $35.00

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, SUSIE E 5111 FOXBORO ROAD JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NATALIE EDMOND 3015 CESERY BLVD. JACKSONVILEE, FL 32207	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LINDER, EMMA J 431 CHESTNUT DR. JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOANN HOBBS 4748 LEXINGTON AVE. JACKSONVILLE, FLORIDA32210	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MONROE, CAROL 395 PERTSHIRE DR ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVINGTON, ERTA 995 BILLYVILLE RD WOODBINE, GA 31569	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

ORDEC037 (10/02)

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: Susie E. Jones SUSIE E. JONES 4/21/03 904/764-0638

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #