

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004782

FILED  
Jul 07, 2004  
Secretary of State

Entity Name: HAVEN OF HOPE OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

2225 S.W. IMPORT ROAD  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2225 S.W. IMPORT ROAD  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 65-0940481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMAHON, BRIAN D.  
5 MELODY HILL  
STUART, FL 34996

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCMAHON, BRIAN D  
Address: 5 MELODY HILL  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: LAMSON, LEIGH  
Address: 2412 SE BORDEAUX CT  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T ( ) Delete  
Name: MCMAHON, BRIAN D  
Address: 5 MELODY HILL  
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete  
Name: BAKER, OPEL  
Address: 320 KAYE STREET  
City-St-Zip: FORT PEIRCE, FL 34947

**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: S (X) Change ( ) Addition  
Name: FOSTER, CONSTANCE B  
Address: 798 S.W. BELMONT CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN D. MCMAHON

T

07/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date