

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 17, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N99000004782**

1. Entity Name  
**HAVEN OF HOPE OF ST. LUCIE COUNTY, INC.**



Principal Place of Business  
**2225 S.W. IMPORT ROAD  
PORT ST. LUCIE, FL 34953**

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



02082005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0940481**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCAHON, BRIAN D.  
5 MELODY HILL  
STUART, FL 34996**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCAHON, BRIAN D
STREET ADDRESS	5 MELODY HILL
CITY-ST-ZIP	STUART, FL 34996
TITLE	D
NAME	LAMSON, LEIGH
STREET ADDRESS	2412 SE BORDEAUX CT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	T
NAME	MCAHON, BRIAN D
STREET ADDRESS	5 MELODY HILL
CITY-ST-ZIP	STUART, FL 34996
TITLE	S
NAME	FOSTER, CONSTANCE B
STREET ADDRESS	798 S.W. BELMONT CIRCLE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000023-0006  
02/17/05-80025-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/17/05 772-336-8312**