

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004782

FILED
Apr 24, 2008
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:

ROACH, ROBERT W DR.
2225 SW IMPORT DRIVE
PORT SAINT LUCIE, FL 34953 US

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: DAILEY, JAMES
Address: 210 SW PAGODA TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T () Delete
Name: ROACH, BIANCA P
Address: 2225 SW IMPORT DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: ROACH, ROBERT D
Address: 2225 SW IMPORT DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S () Delete
Name: FOSTER, CONSTANCE B
Address: 1924 SE HILLMORE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BIANCA P. ROACH

TRES

04/24/2008

Electronic Signature of Signing Officer or Director

Date