

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 744237

Entity Name: HAVEN RECOVERY CENTER INC.

Current Principal Place of Business:

211 N. RIDGEWOOD AVE
STE 204
DAYTONA BEACH, FL 32114

Current Mailing Address:

P.O. BOX 2196
DAYTONA BEACH, FL 32115-2196 US

FEI Number: 59-1849438

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KEATING, GERARD
318 SILVER BEACH AVE
DAYTONA BEACH, FL 32118 US

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

Officer/Director Detail :

Title P
Name JENKINS, E G
Address 127A EAST VILLA CAPRI CIRCLE
City-State-Zip: DELAND FL 32724

Title VP
Name WHITE, LINDA
Address 1908 SALEM COURT
City-State-Zip: PORT ORANGE FL 32738

Title D
Name GULBRANDSEN, PETER
Address 1889 ROYAL LYTHAM COURT
City-State-Zip: PORT ORANGE FL 32128

Title D
Name KEATING, GERARD
Address 318 SILVER BEACH
City-State-Zip: DAYTONA BEACH FL 32118

Title CEO
Name BESEN, MARK PHD
Address 1128 HARBOR POINT DR.
City-State-Zip: PORT ORANGE FL 32127

Title T
Name DULKO, KATHLEEN
Address 459 TRITON ROAD
City-State-Zip: ORMOND BEACH FL 32176

I hereby 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 all other like empowered.

SIGNATURE: E.G. JENKINS

PRESIDENT

08/06/2013

Electronic Signature of Signing Officer/Director Detail

Date