

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006729

Entity Name: SAFE HAVEN, INC.**Current Principal Place of Business:**425 WESTWOOD DR.
MARYVILLE, TN 37803**Current Mailing Address:**PO BOX 5103
MARYVILLE, TN 37802 US**FEI Number:** 59-3676159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JEFFREY, TURNER L
25 E. WRIGHT ST.
STE 2511
PENSACOLA, FL 32501 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	PRES	Title	VP
Name	MEAD, SUSAN	Name	MCKENZIE, LALONNIE
Address	425 WESTWOOD DR.	Address	125 CHANDLER WAY
City-State-Zip:	MARYVILLE TN 37803	City-State-Zip:	LOUISVILLE TN 37777
Title	SECRETARY/TREASURER	Title	DIRECTOR
Name	SCOTT, TERRI D	Name	STATH, JEFFREY D
Address	625 BATTLE FRONT TRAIL	Address	425 WESTWOOD DR.
City-State-Zip:	KNOXVILLE TN 37934	City-State-Zip:	MARYVILLE TN 37803

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: SUSAN M. MEAD

PRESIDENT

04/05/2019

Electronic Signature of Signing Officer/Director Detail_____
Date