

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007464

Entity Name: SAFE HAVEN OF ST. LUCIE COUNTY, INC.**Current Principal Place of Business:**1911 AVENUE O
FT. PIERCE, FL 34950**Current Mailing Address:**1911 AVENUE O
FT. PIERCE, FL 34950**FEI Number: 26-3183641****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VANDERPOOL, CURTESA
6939 SPERONE STREET
ORLANDO, FL 32819 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:** CURTESA VANDERPOOL

10/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	ROSS, SHARON
Address	373 SE THANKSGIVING AVE
City-State-Zip:	PT. LUCIE FL 34984

Title	DIR
Name	FELTON, DANNY
Address	2202 JOHAYWOOD DR.
City-State-Zip:	FT. PIERCE FL 34946

Title	TREA
Name	FOXX, KAREN
Address	2703 ESSEX DR.
City-State-Zip:	FT. PIERCE FL 34947

Title	DIR.
Name	FELTON, DEOTHA
Address	1911 AVENUE O
City-State-Zip:	FT. PIERCE FL 34950

Title	DIR.
Name	ARNETT, CHELSEA
Address	2904 KINGSLEY DRIVE
City-State-Zip:	FT. PIERCE FL 34947

Title	DIR
Name	ROSS, FREDDIE
Address	373 SE THANKSGIVING AVENUE
City-State-Zip:	PT. ST. LUCIE FL 34984

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: SHARON ROSS

PRESIDENT

10/30/2015

Electronic Signature of Signing Officer/Director Detail

Date