

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010714

Entity Name: SHEPHERD'S HAVEN INC.**Current Principal Place of Business:**400 E. HARRIS STREET
HASTINGS, FL 32145**Current Mailing Address:**P.O. BOX 177
HASTINGS, FL 32145 US**FEI Number:** 45-3855029**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PORTER, JAMIE
400 E. HARRIS STREET
HASTINGS, FL 32145 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:** JAMIE PORTER

03/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER

Name PORTER, JAMIE C

Address P.O. BOX 177

City-State-Zip: HASTINGS FL 32145

Title VP

Name PORTER, WADE K

Address P.O. BOX 177

City-State-Zip: HASTINGS FL 32145

Title ASST. TREASURER, ASST.
SECRETARY

Name NAJARRO-CRAWFORD, TORY A

Address 400 E HARRIS ST

City-State-Zip: HASTINGS FL 32145

Title ADVISOR

Name MOORE, SHEREE

Address P.O. BOX 177

City-State-Zip: HASTINGS FL 32145

Title CO-DIRECTOR, ADVISOR

Name BRUNO, KANDY

Address P.O. BOX 177

City-State-Zip: HASTINGS FL 32145

Title SECRETARY, DIRECTOR

Name COLEMAN, HEATHER R

Address P.O. BOX 177

City-State-Zip: HASTINGS FL 32145

Title ADVISOR

Name COLEMAN, JEFFREY D

Address P.O. BOX 177

City-State-Zip: HASTINGS FL 32145

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: JAMIE PORTER

PRESIDENT, TREASURER 03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date