

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000003618

**Entity Name:** FAMILY HAVEN FOUNDATION CORPORATION

**Current Principal Place of Business:**

6902 OLD WHISKEY CREEK DRIVE  
FORT MYERS, FL 33919

**Current Mailing Address:**

6902 OLD WHISKEY CREEK DRIVE  
FORT MYERS, FL 33919 US

**FEI Number: 83-4341524**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KAISER, CEANNE M  
6902 OLD WHISKEY CREEK DRIVE  
FORT MYERS, FL 33919 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           DIRECTOR, SECRETARY,  
                  TREASURER  
Name           KAISER, CEANNE M.  
Address       6902 OLD WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title           DIRECTOR, PRESIDENT  
Name           TUSACK, KRISTINA  
Address       6902 OLD WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title           DIRECTOR, VP  
Name           WALTER, AINSLIE  
Address       6902 OLD WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title           DIRECTOR  
Name           VANDERBILT, SUE  
Address       6902 OLD WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

*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: CEANNE M. KAISER**

**SECRETARY**

**02/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date