

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000007567

Entity Name: ANNIE'S HOUSE SAFE HAVEN, INC.**Current Principal Place of Business:**5245 CAMILLE AVENUE
JACKSONVILLE, FL 32210**Current Mailing Address:**5245 CAMILLE AVENUE
JACKSONVILLE, FL 32210 US**FEI Number:** 85-1999985**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RONES, KIMBERLY C
5245 CAMILLE AVENUE
JACKSONVILLE, FL 32210 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	CEO
Name	RONES, KIMBERLY
Address	5245 CAMILLE AVENUE
City-State-Zip:	JACKSONVILLE FL 32210

Title	CFO
Name	WILLIAMS, GLYNDA
Address	7061 OLD KINGS ROAD S #180
City-State-Zip:	JACKSONVILLE FL 32217

Title	S
Name	SHACK, JASYMN
Address	10981 ACORN PARKE DRIVE E
City-State-Zip:	JACKSONVILLE FL 32218

Title	VP
Name	ANDERSON, RICKY
Address	624 BLODGETTS LANE
City-State-Zip:	JACKSONVILLE FL 32206

Title	COO
Name	HUGHES, MICHELLE
Address	4049 GRANT ROAD
City-State-Zip:	JACKSONVILLE FL 32207

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: KIMBERLY RONES**FOUNDER****01/22/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date