

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000004218

**Entity Name:** PASADO'S SAFE HAVEN, INC.

**Current Principal Place of Business:**

10131 WOODS LAKE RD  
MONROE, WA 98272

**Current Mailing Address:**

P O BOX 171  
SULTAN, WA 98294 US

**FEI Number:** 91-1843707

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST PETERSBURG, FL 33702 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:** BILL HAVRE

03/05/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name HALLENBECK, ROSALIE  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title TREASURER  
Name LEE, NATHAN  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title CHAIR  
Name BRYAN, LOLA  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title VICE CHAIR  
Name WIDLUND, JUSTIN  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title DIRECTOR  
Name CAMPION, SHANNON  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title DIRECTOR  
Name HEDINGTON, JIM  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title DIRECTOR  
Name JONEJA, MANISH  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title DIRECTOR  
Name LAGALLY, CHRISTIE  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

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*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:** ROSALIE HALLENBECK

SECRETARY

03/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCKEE, ELIZABETH  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title DIRECTOR  
Name MURPHY, LINDSEY  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title DIRECTOR  
Name PEREZ, NATALIA  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272