

**2021 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT**

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

11/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BERGSTROM, RAINE  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title VICE CHAIRMAN  
Name WEISBAUM, HERB  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

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

Title DIR  
Name CURWEN, JEFF  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title P  
Name HENDERSON, LAURA  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

Title SEC  
Name CARICABURU, KATHY  
Address 10131 WOODS LAKE RD  
City-State-Zip: MONROE WA 98272

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

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

**Continues on page 2**

*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:** LAURA K. HENDERSON**PRESIDENT**

11/16/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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