

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12120** (4)
1. Corporation Name
HAVEN OF REST CHURCH OF RESTORATION, INC.

Principal Place of Business P.O. BOX 5914 MARIANNA FL 32446-5914	Mailing Address P.O. BOX 5914 MARIANNA FL 32447-5914
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1985	3a. Date of Last Report 05/28/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 26-7983624		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBINSON, MARGARET S 2834 BOOKER STREET MARIANNA FL 32446		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, JAMES JR	1.2 NAME	
STREET ADDRESS	2834 BOOKER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MARGARET S	2.2 NAME	
STREET ADDRESS	2834 BOOKER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SAFFOR, LORAIN	3.2 NAME	
STREET ADDRESS	2875 BARNES STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPEIGHT, WILLIAM	4.2 NAME	
STREET ADDRESS	3171 E. MOSSMAN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** *Pastor: Margaret S. Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone **0010218**

CR2E037 (9/96)