# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 29, 2008 8:00 am**
**Secretary of State**
05-29-2008 90199 012 ****70.00

DOCUMENT # N12120

1. Entity Name
HAVEN OF REST CHURCH OF RESTORATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| HAVEN OF REST<br>2261 HAVEN OF REST RD<br>COTTONDALE, FL 32431-0994 | P.O. BOX 994<br>COTTONDALE, FL 32431-0994 |

05192008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| HAVEN of Rest Church of Restoration Inc. | P.O. Box 994 |
| Suite, Apt. #, etc.<br>32431-0994/2261 | Suite, Apt. #, etc.<br>Cotton Dale, Fl |
| City & State<br>Cotton Dale. Fl | City & State |
| Zip / Country<br>32431 / Jackson | Zip / Country<br>32431-0994 / Jackson |

4. FEI Number
26-7983624
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ROBINSON, MARGARET S<br>2834 BOOKER STREET<br>MARIANNA, FL 32446 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Margaret S. Robinson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 5/24,2008

**Filing Fee is $61.25**
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROBINSON, TERRY J<br>~~6127 VETRAN DR~~<br>~~HARLEM, GA 30814~~ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Muri Diane Barnes<br>2860 Eva Mae Street<br>Marianna, FL 32448 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SPEIGHT, WILLIAM<br>3171 E. MOSSMAN ROAD<br>TUCSON, AZ | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Clayton Terry D.<br>2843 Apt. B-<br>Marianna, FL. 32448 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLAYTON, TERRY D<br>~~2935 B HANNALL STREET~~<br>MARIANNA, FL 32448 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Robinson Terry T.<br>9188 Richmond Hwy. Apt. A-311<br>Ft. Belvoir, VA. 22060 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Elder: Margaret S. Robinson, Pastor 5/24, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #