2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# N12120

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

Current Principal Place of Business:

HAVEN OF REST OF RESTORATION
PO BOX 994
COTTONDALE, FL 32431

New Principal Place of Business:

HAVEN OF REST OF RESTORATION
2261 HAVEN OF REST DRIVE
COTTONDALE, FL 32431

Current Mailing Address:

HAVEN OF REST OF RESTORATION
PO BOX 994
COTTONDALE, FL 32431

New Mailing Address:

HAVEN OF REST OF RESTORATION
P O BOX 944
COTTONDALE, FL 32431

FEI Number: 26-7983624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINSON, MARGARET S
2834 BOOKER STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARNES, MURL DIANE
Address: 2860 EVA MAESTREET
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete
Name: CLAYTON, TERRY D
Address: 28143 APT. B
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete
Name: ROBINSON, TERRY J
Address: 9188 RICHMOND HWY. APT. A-311
City-St-Zip: FORT BELVOIR, VA 22060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET. S.ROBINSOM MS. 05/03/2009

Electronic Signature of Signing Officer or Director — Date