

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

03-31-2003 90123 045 ****70.00
08-18-2003 90160 013 ****70.00

DOCUMENT # N12120

1. Entity 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 32446-5914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
2834 BOOKER STREET
MARIANNA FL 32446

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 ROBINSON, MARGARET S 2834 BOOKER STREET MARIANNA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIGHT, WILLIAM 3171 E. MOSSMAN ROAD TUCSON AZ	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, TERRY D 2935 B HANNALL STREET MARIANNA FL 32448	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIGHT, WAYMON SR 279 GRAND AVENUE FREEPORT NY 11520	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERRY J. Robinson 6127 Veterans Dr. HARLEM, GA. 30814	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED *Margaret S. Robinson 8/15/2003/850-492-2697*

CR2E037 (4/03)