

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12120

Entity Name: HAVEN OF REST CHURCH OF RESTORATION, INC.**Current 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
P O BOX 126
MARIANNA, FL 32447 US**FEI Number:** 26-7983624**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBINSON, MARGARET S
2834 BOOKER STREET
MARIANNA, FL 32446 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO, PRESIDENT, APOSTLE
Name	ROBINSON, TERRY JAMES JR.
Address	8751 LAKE JORDAN WAY NORTH
City-State-Zip:	DINWIDDIE VA 23803

Title	OTHER, APOSTLE
Name	ROBINSON, NIKITA RENAE
Address	8751 LAKE JORDAN WAY NORTH
City-State-Zip:	DINWIDDIE VA 23803

Title	OTHER, PASTOR, ELDER
Name	ROBINSON, MARGARET S
Address	2834 BOOKER STREET P O BOX 944
City-State-Zip:	MARIANNA FL 32447

Title	EXECUTIVE SECRETARY
Name	ALEXANDER, TERESA EVETT
Address	160 WINSTON MANOR CIR
City-State-Zip:	SEFFNER FL 33584

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: TERESA EVETT ALEXANDER**EXECUTIVE SECRETARY** 04/11/2022_____
Electronic Signature of Signing Officer/Director Detail_____
Date