

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004054

FILED
Apr 30, 2003
Secretary of State

Entity Name: HAVEN OF REST HOPE MINISTRY, INC.

Current Principal Place of Business:

2805 TAMMARRON LANE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

2805 TAMMARRON LANE
BRANDON, FL 33511

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDIVER, CRAIG SR.
2805 TAMMARRON LANE
BRANDON, FL 33511 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: P () Delete
Name: VANDIVER, CRAIG SR.
Address: 2805 TAMMARRON LANE
City-St-Zip: BRANDON, FL 33511

Title: V () Delete
Name: VANDIVER, PAMELA L
Address: 2805 TAMMARRON LANE
City-St-Zip: BRANDON, FL 33511

Title: DIR () Delete
Name: VANDIVER, ELWOOD
Address: 750 OLD 71
City-St-Zip: CHARLEROI, PA 16063 US

Title: DIR () Delete
Name: VANDIVER, PATRICK
Address: 40 PINEBROOK TERR #6
City-St-Zip: BRISTOL, CT 06010

Title: DIR () Delete
Name: VANDIVER, CRYSTAL
Address: 4020 FONTANA PL
City-St-Zip: VALRICO, FL 33594

Title: DIR () Delete
Name: VANDIVER, CRAIG JR
Address: 4020 FONTANA PL
City-St-Zip: VALRICO, FL 33594

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:

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

Title: () Change () Addition
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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 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 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: CRAIG VANDIVER SR

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date