2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N06000001301

Entity Name: HAVEN OF REST AND RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

246 KILLINGTON CT.
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

246 KILLINGTON CT.
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-4679861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOODEN, NATALIE A
246 KILLINGTON CT.
ORLANDO, FL 32835 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:	VD	( ) Delete
Name:	GOODEN, MICHAEL A	
Address:	246 KILLINGTON CT.	
City-St-Zip:	ORLANDO, FL 32835	
Title:	D	( ) Delete
Name:	FLEMING, AYUD	
Address:	740 WINDGROVE TRAIL	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	D'OLEY, ANTHONY	
Address:	27437 CR 44A	
City-St-Zip:	EUSTIS, FL 32736	
Title:	D	( ) Delete
Name:	JONES, PAULANN	
Address:	337 N. FOREST AVE.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	PD	( ) Delete
Name:	GOODEN, NATALIE A	
Address:	246 KILLINGTON CT.	
City-St-Zip:	ORLANDO, FL 32835	
Title:	SD	( ) Delete
Name:	JORDAN, CARLENE	
Address:	2121 LANGLEY CIR.	
City-St-Zip:	ORLANDO, FL 32835	

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
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: NATALIE A. GOODEN CEO 04/08/2009

Electronic Signature of Signing Officer or Director — Date