

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001301

FILED
Apr 26, 2011
Secretary of State

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
Name: GOODEN, MICHAEL A
Address: 246 KILLINGTON CT.
City-St-Zip: ORLANDO, FL 32835

Title: D
Name: FLEMING, AYUD
Address: 740 WINDGROVE TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: D'OLEY, ANTHONY
Address: 27437 CR 44A
City-St-Zip: EUSTIS, FL 32736

Title: D
Name: JONES, PAULANN
Address: 337 N. FOREST AVE.
City-St-Zip: ORLANDO, FL 32803

Title: PD
Name: GOODEN, NATALIE A
Address: 246 KILLINGTON CT.
City-St-Zip: ORLANDO, FL 32835

Title: SD
Name: JORDAN, CARLENE
Address: 2121 LANGLEY CIR.
City-St-Zip: ORLANDO, FL 32835

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: DR. NATALIE A. GOODEN

CEO

04/26/2011

Electronic Signature of Signing Officer or Director

Date