

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001301

FILED  
Apr 20, 2012  
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 ( )**

**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

PD

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date