


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 11 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005481 (3)**  
1. Corporation Name  
**HAVEN OF REST MINISTRIES, INC.**



Principal Place of Business <b>550 STATE RD. 80 W. LABELLE FL</b>	Mailing Address <b>P. O. BOX 2821 LABELLE FL</b>
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3. Date Incorporated or Qualified  
**09/25/1997**

4. FEI Number  
**applied for**

Applied For	Not Applicable
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21. Principal Place of Business <b>431 Caloosa Estates Dr</b>	22. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>Labelle, FL 33935</b>	28. City & State
24. Zip <b>33935</b>	25. Country <b>USA</b>
29. Zip	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**TRASK, ALAN  
550 STATE RD. 80 W.  
LABELLE FL**

10. Name and Address of New Registered Agent

81 Name <b>Ralph Elver</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>461 South Main Street</b>
83 P.O. Drawer <b>2280</b>
84 City <b>LaBelle</b>
85 State <b>FL</b>
86 Zip Code <b>33975</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Ralph Elver* **Ralph Elver** **04/28/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>TRASK, ALAN</b>
STREET ADDRESS	<b>P. O. BOX 2821</b>
CITY-ST-ZIP	<b>LABELLE FL 33975</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TRASK, IRENE</b>
STREET ADDRESS	<b>P. O. BOX 2821</b>
CITY-ST-ZIP	<b>LABELLE FL 33975</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>McFERRIN, CHARLES</b>
STREET ADDRESS	<b>P. O. BOX 2821</b>
CITY-ST-ZIP	<b>LABELLE FL 33975</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>McFERRIN, ANN</b>
STREET ADDRESS	<b>P. O. BOX 2821</b>
CITY-ST-ZIP	<b>LABELLE FL 33975</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>McFerrin, Charles</b>
1.3 STREET ADDRESS	<b>2517 Wheeler Bluff Rd</b>
1.4 CITY-ST-ZIP	<b>Raleigh, NC 27606</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>McFerrin, Ann</b>
2.3 STREET ADDRESS	<b>2517 Wheeler Bluff Rd.</b>
2.4 CITY-ST-ZIP	<b>Raleigh, NC 27606</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Drew, Pamela P.</b>
3.3 STREET ADDRESS	<b>4113 N. Willow Dr.</b>
3.4 CITY-ST-ZIP	<b>Mulberry, FL 33860</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Bickes, Paul</b>
4.3 STREET ADDRESS	<b>3493 SJ Sunset Trace Circle</b>
4.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Bickes, Mary Anna</b>
5.3 STREET ADDRESS	<b>3493 SW Sunset Trace Circle</b>
5.4 CITY-ST-ZIP	<b>Palm City, FL 34490</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Alan Trask* **ALAN TRASK** **4/28/98** **941-675-3635**

CR2E037 (10/97)