

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90006 006 \*\*\*\*61.25

**DOCUMENT # N97000005481**

1. Entity Name

**HAVEN OF REST MINISTRIES, INC.**

Principal Place of Business

Mailing Address

431 CALOOSA ESTATES DR  
 LABELLE FL 33935  
 US

P. O. BOX 2821  
 LABELLE FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1639479**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELVER, RALPH**  
**461 S MAIN STREET**  
**PO DRAWER 2280**  
**LABELLE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **TRASK, ALAN**  
 CITY-ST-ZIP **P.O. BOX 2821**  
**LABELLE FL 33975**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD**  
 STREET ADDRESS **TRASK, IRENE**  
 CITY-ST-ZIP **P.O. BOX 2821**  
**LABELLE FL 33975**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **DREW, PAMELA P**  
 CITY-ST-ZIP **4113 N WILLOW DR**  
**MULBERRY FL 33860**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 STREET ADDRESS **BICKES, PAUL**  
 CITY-ST-ZIP **3493 SW SUNSET TRACE CIRCLE**  
**PALM CITY FL 34990**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME ~~**JOHNNY FOSTER**~~  
 STREET ADDRESS ~~**22 HIAWASSEE ST.**~~  
 CITY-ST-ZIP ~~**HAYESVILLE, NC 28904**~~

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **JOHNNY FOSTER**  
 CITY-ST-ZIP **22 HIAWASSEE ST.**  
**HAYESVILLE, NC 28904**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alan Trask*  
**ALAN TRASK**

**4/27/00**

**863-675-2891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/99)