

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90056 020 ****70.00

DOCUMENT # N97000005481

1. Entity Name

HAVEN OF REST MINISTRIES, INC.

Principal Place of Business

431 CALOOSA ESTATES DR
 LABELLE FL 33935
 US

Mailing Address

P. O. BOX 2821
 LABELLE FL

2. Principal Place of Business

550 HWY. 80 WEST

3. Mailing Address

Suite, Apt. #, etc.

City & State

LABELLE, FL

City & State

Suite, Apt. #, etc.

Zip

33935

Country

USA

Zip

Country

4. FEI Number

31-1639479

Applied For

Not Applicable

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

TITLE NAME Change Addition
D. HERMAN MASON
 STREET ADDRESS **2921 MOUNT CARMEL RD.**
 CITY-ST-ZIP **HAMPTON, GA 30228-2018**

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

TITLE NAME Change Addition
D. ELLIE POWELL
 STREET ADDRESS **P.O. BOX 690609**
 CITY-ST-ZIP **VERO BEACH, FL 32969**

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

TITLE NAME Change Addition
D. CLIFF BUTLER
 STREET ADDRESS **P.O. BOX 285**
 CITY-ST-ZIP **KERMIT, WV 25674**

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

TITLE NAME Change Addition

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

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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

4/30/01

941-564-2556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)