

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90154 031 \*\*\*\*61.25

**DOCUMENT # N97000005481**

1. Entity Name  
**HAVEN OF REST MINISTRIES, INC.** ✓

Principal Place of Business      Mailing Address  
**550 HWY 90 WEST**      **P. O. BOX 2821**  
**LABELLE FL 33935**      **LABELLE FL**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		31-1639479		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>ELVER, RALPH</b> <b>461 S MAIN STREET</b> <b>PO DRAWER 2280</b> <b>LABELLE FL</b>				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TRASK, ALAN			NAME	PITTS, PAUL		
STREET ADDRESS	P.O. BOX 2821			STREET ADDRESS	2401 COOLBROOK COURT		
CITY-ST-ZIP	LABELLE FL 33975			CITY-ST-ZIP	OVIEDO, FL 32766		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TRASK, IRENE			NAME	BUTLER, CLIFF		
STREET ADDRESS	P.O. BOX 2821			STREET ADDRESS	P.O. BOX 285		
CITY-ST-ZIP	LABELLE FL 33975			CITY-ST-ZIP	KERMIT, WV 25674		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DREW, PAMELA P			NAME			
STREET ADDRESS	4113 N WILLOW DR			STREET ADDRESS			
CITY-ST-ZIP	MULBERRY FL 33860			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BICKES, PAUL			NAME			
STREET ADDRESS	3493 SW SUNSET TRACE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASON, HERMAN			NAME			
STREET ADDRESS	2921 MOUNT CARMEL ROAD			STREET ADDRESS			
CITY-ST-ZIP	HAMPTON GA 30228-2018			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POWELL, ELLIE			NAME			
STREET ADDRESS	P.O. BOX 690609			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32969			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* REALANTRASK 7-17-02 863-676-3535

CR2E037 (4/02)