

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
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

TITLE D ☐ Change ☒ Addition
 NAME PITTS, PAUL
 STREET ADDRESS 2401 COOLBROOK COURT
 CITY-ST-ZIP OVIEDO, FL 32766

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME MASON, HERMAN
 STREET ADDRESS 2921 MOUNT CARMEL ROAD
 CITY-ST-ZIP HAMPTON GA 30228-2018

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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* **REALAN TRASK**

7-17-02 863-676-3535

CR2E037 (4/02)