

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90025 016 \*\*\*\*61.25

**DOCUMENT # N97000005481**

1. Entity Name

HAVEN OF REST MINISTRIES, INC.



Principal Place of Business

550 HWY 80 WEST  
LABELLE FL 33935  
US

Mailing Address

P. O. BOX 2821  
LABELLE FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

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

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

TITLE D ☐ Delete  
NAME PITTS, PAUL  
STREET ADDRESS 2401 COOLBROOK CT  
CITY-ST-ZIP OVIEDO FL 32766

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-04

863-675-3535

Date

Daytime Phone #