

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005481

FILED
Aug 29, 2006
Secretary of State

Entity Name: HAVEN OF REST MINISTRIES, INC.

Current Principal Place of Business:

550 HWY 80 WEST
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2821
LABELLE, FL

New Mailing Address:

P. O. BOX 2821
LABELLE, FL 33975

FEI Number: 31-1639479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ELVER, RALPH
461 S MAIN STREET
LABELLE, FL 33935 US

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: _____

Electronic Signature of Registered Agent

08/29/2006

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRASK, ALAN
Address: P.O. BOX 2821
City-St-Zip: LABELLE, FL 33975

Title: VPD () Delete
Name: TRASK, IRENE
Address: P.O. BOX 2821
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: PITTS, PAUL
Address: 2401 COOLBROOK CT
City-St-Zip: OVIEDO, FL 32766

Title: D () Delete
Name: BICKES, PAUL
Address: 3493 SW SUNSET TRACE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: MASON, HERMAN
Address: 2921 MOUNT CARMEL ROAD
City-St-Zip: HAMPTON, GA 302282018

Title: D () Delete
Name: POWELL, ELLIE
Address: P.O. BOX 690609
City-St-Zip: VERO BEACH, FL 32969

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN TRASK

Electronic Signature of Signing Officer or Director

PD

08/29/2006

Date