


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

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 33975

DO NOT WRITE IN THIS SPACE



04302008 No Chg-NP CR2E037 (4/06)

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
LABELLE, FL 33935

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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 restateing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000944775
 05/29/08 00113-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRASK, ALAN
STREET ADDRESS	P.O. BOX 2821
CITY - ST - ZIP	LABELLE, FL 33975
TITLE	VPD
NAME	TRASK, IRENE
STREET ADDRESS	P.O. BOX 2821
CITY - ST - ZIP	LABELLE, FL 33975
TITLE	D
NAME	PITTS, PAUL
STREET ADDRESS	2401 COOLBROOK CT
CITY - ST - ZIP	OVIEDO, FL 32766
TITLE	D
NAME	BICKES, PAUL
STREET ADDRESS	3493 SW SUNSET TRACE CIRCLE
CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	D
NAME	MASON, HERMAN
STREET ADDRESS	2921 MOUNT CARMEL ROAD
CITY - ST - ZIP	HAMPTON, GA 302282018
TITLE	D
NAME	POWELL, ELLIE
STREET ADDRESS	P.O. BOX 690609
CITY - ST - ZIP	VERO BEACH, FL 32969

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 4/30/08 863-675-3535
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #