


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # N97000005481</b> 1. Entity Name <b>HAVEN OF REST MINISTRIES, INC.</b>	
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Principal Place of Business <b>550 HWY 80 WEST LABELLE, FL 33935 US</b>	Mailing Address <b>P. O. BOX 2821 LABELLE, FL 33975</b>
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**DO NOT WRITE IN THIS SPACE**



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>31-1639479</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 restate) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000944775</b> <b>05/29/08 00113-011 61.25</b>
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10. OFFICERS AND DIRECTORS

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