

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005481

FILED
Jul 13, 2009
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:

461 6TH. AVE
LABELLE, FL 33935 US

Current Mailing Address:

P. O. BOX 2821
LABELLE, FL 33975

New Mailing Address:

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
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

ELVER, RALPH
301 HWY. 80 W.
SUITE 201
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: _____

07/13/2009

Electronic Signature of Registered Agent

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: D (X) Change () Addition
Name: MASON, HERMAN
Address: P.O.BOX 122
City-St-Zip: FAYETTEVILLE, GA 30214

Title: D (X) Change () Addition
Name: POWELL, ELLIE
Address: 6169 SE GEORGETOWN PLACE
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify 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

PRES

07/13/2009

Electronic Signature of Signing Officer or Director

Date