

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005481

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** HAVEN OF REST MINISTRIES, INC.

**Current Principal Place of Business:**

461 6TH. AVE  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**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 ( )**

**Name and Address of Current Registered Agent:**

ELVER, RALPH  
301 HWY. 80 W.  
SUITE 201  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: MASON, HERMAN  
Address: P.O. BOX 122  
City-St-Zip: FAYETTEVILLE, GA 30214

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

I hereby 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 all other like empowered.

SIGNATURE: ALAN TRASK

PD

04/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date