

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005481

FILED
Mar 07, 2012
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:

429 W. WATERWAY AVE., NW
LAKE PLACID, FL 33852 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 (X)

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

03/07/2012

Electronic Signature of Signing Officer or Director

Date