

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90196 035 ****61.25

UBR0073

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1639479**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELVER, RALPH
461 S MAIN STREET
PO DRAWER 2280
LABELLE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRASK, ALAN	
STREET ADDRESS	P.O. BOX 2821	
CITY-ST-ZIP	LABELLE FL 33975	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TRASK, IRENE	
STREET ADDRESS	P.O. BOX 2821	
CITY-ST-ZIP	LABELLE FL 33975	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, PAUL	
STREET ADDRESS	2401 COOLBROOK CT	
CITY-ST-ZIP	OMEDO FL 32766	
TITLE	D	<input type="checkbox"/> Delete
NAME	BICKES, PAUL	
STREET ADDRESS	3493 SW SUNSET TRACE CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, HERMAN	
STREET ADDRESS	2921 MOUNT CARMEL ROAD	
CITY-ST-ZIP	HAMPTON GA 30228-2018	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, ELLIE	
STREET ADDRESS	P.O. BOX 690609	
CITY-ST-ZIP	VERO BEACH FL 32969	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 4/30/03 239-564-2556

CR2E037 (10/02)