

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005481

**FILED**  
**Jun 05, 2013**  
**Secretary of State**  
**CC6946750614**

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

**Current Principal Place of Business:**

429 W. WATERWAY AVE., NW  
LAKE PLACID, FL 33852

**Current Mailing Address:**

P. O. BOX 2821  
LABELLE, FL 33975

**FEI Number: 31-1639479**

**Certificate of Status Desired: Yes**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

Title D  
Name POWELL, ELLIE  
Address 6169 SE GEORGETOWN PLACE  
City-State-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**

**PRESIDENT/DIRECTOR**

**06/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date