

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005481

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 767 STOCKTON ST.
City-State-Zip: JACKSONVILLE FL 32204

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

08/11/2014

Electronic Signature of Signing Officer/Director Detail

Date