

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744104

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** RESTORATION FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

2401 NW 47 AVE  
FORT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 120952  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 65-0263316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLAYTON, DEBORAH L  
2401 NW 47TH AVE  
LAUDERHILL, FL 33313 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: CLAYTON, DEBORAH L  
Address: 2401 NW 47TH AVE  
City-St-Zip: LAUDERHILL, FL 33313

Title: SD  
Name: NATALIE, MADRY  
Address: 4530 NW 36 ST, APT #409  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: TD  
Name: MALONE, JAMES  
Address: 249 NE 39 CT  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D  
Name: AUDREY, MURRAY  
Address: 3121 NW 68 STREET  
City-St-Zip: FT LAUDERDALE, FL 33309

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: DEBORAH CLAYTON

MS

02/10/2012

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

\_\_\_\_\_  
Date