**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F98000005730

1. Corporation Name

RESTORATION OF LIFE MISSION IN CHRIST LIMITED, I

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90060 023 \*\*\*\*75.00

Principal Place of Business Mailing Address									
1321 S. TAMPA		1321 S. TAMPA AVE				1 (00)(00   11/2   18/3)   18/3/ JB	() <b>41</b> 01 <b>41</b> 01 <b>11</b> 01 <b>1</b>	. <b></b>	AR MARK HARI
ORLANDO FL		ORLANDO FL 32805							
						f 1891928 film imiði sælif am	iti Mairi Bartı garıl a	8181 \$1116 1608 <b>0</b> (6)	1) 6811 1881
					1			,	
						3. Date Incorporated or Qu	alifod		
2. Principal P	2a. Mailing Address	ling Address			10/14/1998	anieu		•	
21 26						4. FEI Number		Anı	olied For
Suite, Apt. #, etc.						59-3540424			Applicable
City & State City & State			-					\$8.75 A	
City & Stat	e	— ·			,	5. Certificate of Status Desi	red 🗗	Fee Red	
23	Country	Zip	Cour	try		6. Election Campaign Finar	ncing	\$5.00	May Re
Zip			30			Trust Fund Contribution	icing 52	Added to	
24	9. Name and Address of Currer		1301			10. Name and Address of	New Registered	d Agent	
	or Maine and Address of Oditor	K Kogioto		81 Nar					
IAMED A	DEDTHA EVANCEI		-			- (D.O. Day Alymber in Net A	naantahla)		
JAMES, ALBERTHA EVANGEL				82 Stre	eet Address	et Address (P.O. Box Number is Not Acceptable)			٠,٠
1321 S. TAMPA AVE ORLANDO FL 32805			}	83					
URLANDO	FL 32003		L				<del>,</del>	100 700	
ĺ				84 City	у		F	L 85 Zip C	,oue
11. Pursuant	to the provisions of Sections 617.050	2 and 617,1508, Florida Stati	utes, the ab	ove-nam	ned corpora	ation submits this statement f	or the purpose of	of changing its	registered
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	by the c	corporation's	s board of directors. I hereby	accept the app	ointment as reg	jistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 617.0503, F	IDINA SIAIU	165.				*	
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NO	TE: Registered /	Agent signat	atura required wi	hen reinstating)	DATE		· `
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES T	O OFFICERS A	ND DIRECTO	RS IN 12
TITLE	C	☐ DELETE	1.1 717	E				Change	☐ Addition
NAME	ANDERSON, ALAN		1.2 NA	<b>AE</b>					
STREET ADDRESS	6005 POWDER POST DRIVE		1.3 STF	EET ADOR	≀ESS	•			٠.
CITY-ST-ZIP	ORLANDO FL 32810		1.4 CIT	Y-ST-ZIP	ŀ			· · · · · · · · · · · · · · · · · · ·	
TITLE	V	☐ DELETE	2.1 111	.E			•	Change	Addition
NAME	INTERRANTE, RICHARD		2.2 NA	ΜE				_	i
STREET ADORESS	5543 CONROY ROAD APT. #2		2.3 STF	REET ADOR:	RESS	•			
CITY-ST-ZIP	ORLANDO FL 3281		2. 4 ÇI	Y-ST-ZIP					
TITLE	PD	☐ DELETE	3.1 TITI	£				☐ Change	Addition
NAME	JAMES, ALBERTHA		3.2 NA	ME			- <		
STREET ADDRESS	ACCA O TALEDA AVE		3.3 STI	REET ADDR	æss		<del></del>	**	
CITY-ST-ZIP	ORLANDO FL 32805		3.4. CF	Y-ST-ZIP					
TITLE	V	☐ DELETE	4.1 TIT	LE				☐ Change	Addition Addition
NAME	INTERRANTE, STACY		4. 2 NA	ME					
STREET ADDRESS	5543 CONROY RD APT. #2		4.3 ST	REET ADDR	RESS				
CITY-ST-ZIP	ORLANDO FL 32811		4.4 CFT	Y-ST-Z/P					
TITLE	S	Z DELETE	. 5,1 TfT	LE				Change	Addition
NAME	ANDERSON, KAREN		5.2 NA	ME					
STREET ADDRESS	6005 POWDER POST DRIVE		5.3 STI	REET ADDR	RESS				
CITY-ST-ZIP	ORLANDO FL 32810		5.4 CIT	Y-ST-ZIP			* **	<u> </u>	
TITLE	T	OELETE	6.1 TIT	LE	Т,	/s		☐ Change	Addition
NAME	CUTLIP, VICTORIA		6.2 NA	ME	CUT	TLIP, VICTORIA		•	•
1	1321 S. TAMPA AVE		6.3 ST	REET ADDR	*	21. S. TAMPA AVI	F.		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP