2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N01000006448

Entity Name: NEW RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

30 OLD FERRY RD
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

30 OLD FERRY RD
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3741849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, BERNARD H SR
30 OLD FERRY RD
SHALIMAR, FL 32579 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:	D	( ) Delete
Name:	JOHNSON, BERNARD H SR	
Address:	30 OLD FERRY RD	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	( ) Delete
Name:	JOHNSON, LOIS A	
Address:	30 OLD FERRY RD	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	( ) Delete
Name:	MCBROOM, SHEENA	
Address:	587 EMERALD LANE	
City-St-Zip:	FORT WALTON BEACH, FL 32547	
Title:	D	( ) Delete
Name:	CHAMBERS, TILLMAN J	
Address:	324 PKWY PLACE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	D	( ) Delete
Name:	FLORENCE, ANNIE	
Address:	401 HICKORY AVENUE	
City-St-Zip:	NICEVILLE, FL 32578	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DIANA S REYNOLDS CPA 04/29/2005

Electronic Signature of Signing Officer or Director — Date