

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90318 037 ****61.25

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1. Entity Name

NEW RESTORATION MINISTRIES, INC.



Principal Place of Business

30 OLD FERRY RD
SHALIMAR FL 32579

Mailing Address

30 OLD FERRY RD
SHALIMAR FL 32579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3741849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BERNARD H SR
30 OLD FERRY RD
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P JOHNSON, BERNARD H SR 30 OLD FERRY RD SHALIMAR FL 32579	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP/T JOHNSON, LOIS A 30 OLD FERRY RD SHALIMAR FL 32579	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S MCBROOM, SHEENA 587 EMERALD LANE FORT WALTON BEACH FL 32547	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, TILLMAN J 324 PKWY PLACE FORT WALTON BEACH FL 32548	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORENCE, ANNIE 401 HICKORY AVENUE NICEVILLE FL 32578	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goodwin, Alex 79 Schooner Lane Shalimar, FL 32579	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lois A. Johnson* **LOIS A. JOHNSON** **APRIL 22, 2005** **850-651-6423**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #