

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90002 032 ****61.25

DOCUMENT # N01000006448 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		Country		05192006 Chg-NP CR2E037 (4/06)	
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	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President JOHNSON, BERNARD H SR 30 OLD FERRY RD SHALIMAR, FL 32579 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prine, Michelle 4859 Kensington Lane Crestview, FL 32539 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President JOHNSON, LOIS A 30 OLD FERRY RD SHALIMAR, FL 32579 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brady, Laurie 112 Mill Stone Cove Crestview, FL 32539 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBROOM, SHEENA 587 EMERALD LANE FORT WALTON BEACH, FL 32547 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORENCE, ANNIE 401 HICKORY AVENUE NICEVILLE, FL 32578 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 exemptions contained in Chapter 119, 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: <i>Lois A. Johnson</i> Lois A. Johnson June 29, 2006 850-651-6423 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					