2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-30-2007 90143 002 ****61.25

DOCUMENT # N01000006448

1. Entity Name

NEW RESTORATION MINISTRIES, INC.

Principal Place of Business	Mailing Address
30 OLD FERRY RD SHALIMAR FL 32579	30 OLD FERRY RD SHALIMAR FL 32579

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
JOHNSON, BERNARD H SR 30 OLD FERRY RD SHALIMAR FL 32579	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, 2007

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	PD JOHNSON, BERNARD H SR 30 OLD FERRY RD SHALIMAR FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Goodwin, Alex 79 Schooner Lane Shalimar, Florida 32579	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD JOHNSON, LOIS A 30 OLD FERRY RD SHALIMAR FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ 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 PRINE, MICHELLE 4859 KENSINGTON LANE CRESTVIEW FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BRADY, LAURIE 112 MILL STONE COVE CRESTVIEW FL 32539	☐ 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 Section 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: Lois A. Johnson Lois A. Johnson March 20, 2007 850-651-6423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #