2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2010
Secretary of State

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Entity Name: NEW RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

30 OLD FERRY RD
SHALIMAR, FL 32579

New Principal Place of Business:

30 OLD FERRY RD
SHALIMAR, FL 32579 US

Current Mailing Address:

30 OLD FERRY RD
SHALIMAR, FL 32579

New Mailing Address:

30 OLD FERRY RD
SHALIMAR, FL 32579 US

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: PD
Name: JOHNSON, BERNARD H SR
Address: 30 OLD FERRY RD
City-St-Zip: SHALIMAR, FL 32579

Title: VPD
Name: JOHNSON, LOIS A
Address: 30 OLD FERRY RD
City-St-Zip: SHALIMAR, FL 32579

Title: D
Name: GOODWIN, ALEX
Address: 79 SCHOONER LANE
City-St-Zip: SHALIMAR, FL 32579

Title: D
Name: CHAMBERS, TILLMAN J
Address: 324 PKWY PLACE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: PRINE, MICHELLE
Address: 308 SUNESTA COURT
City-St-Zip: CRESTVIEW, FL 32536

Title: D
Name: BRADY, LAURIE
Address: 112 MILL STONE COVE
City-St-Zip: CRESTVIEW, FL 32539

I hereby 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 all other like empowered.

SIGNATURE: LOIS A. JOHNSON VPD 01/10/2010
Electronic Signature of Signing Officer or Director Date