2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# N03000000091

Entity Name: RESTORATION FAMILY MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 1423
DADE CITY, FL 33526

New Principal Place of Business:

5901 BRICKLEBERRY LANE, APT 104
ZEPHYRHILLS, FL 33542

Current Mailing Address:

P.O. BOX 1423
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 42-1567072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAUGHNAN, JOHN J REV.
12325 HWY 301
DADE CITY, FL 33525 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: DP ( ) Delete
Name: FAUGHNAN, JOHN J REV.
Address: P.O. BOX 1423
City-St-Zip: DADE CITY, FL 33526

Title: DST ( ) Delete
Name: FAUGHNAN, MICHELLE E
Address: P.O. BOX 1423
City-St-Zip: DADE CITY, FL 33526

Title: D ( ) Delete
Name: MERRELL, BILLY C
Address: 34934 LOUISE ST
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete
Name: MERRELL, LYNN M
Address: 34934 LOUISE ST
City-St-Zip: DADE CITY, FL 33523

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHELLE FAUGHNAN DST 02/20/2007

Electronic Signature of Signing Officer or Director — Date