

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010736

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: RESTORATION ROADS MINISTRY, INC.

## Current Principal Place of Business:

3506 MARSALA ST  
PUNTA GORDA, FL 33950 US

## New Principal Place of Business:

21350 STILLWATER AVENUE  
PORT CHARLOTTE, FL 33952 US

## Current Mailing Address:

P.O. BOX 511056  
PUNTA GORDA, FL 339511506 US

## New Mailing Address:

FEI Number: 65-1262447      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROMILLO, ANA M  
3506 MARSALA ST.  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

ROMILLO, ANA M  
2120 LUCKY ST.  
PORT CHARLOTTE, FL 33948 US

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: ANA M. ROMILLO

01/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: NEMAZIE, PATRICIA  
Address: 3506 MARSALA ST.  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: DS ( ) Delete  
Name: HENSLEY, COLEEN  
Address: 12202 PARAMOUNT DRIVE  
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: DP ( ) Delete  
Name: ROMILLO, ANA M  
Address: 2120 LUCKY STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: DVP ( ) Delete  
Name: QUIGLEY, EDWIN J  
Address: 3259 VILLAGE LANE  
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GADO-WALDROP, BONNIE  
Address: P.O. BOX 510847  
City-St-Zip: PUNTA GORDA, FL 33951 US

Title: DS (X) Change ( ) Addition  
Name: LAVECCHIO, CHERYL  
Address: 3628 WISTERIA PLACE  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: QUIGLEY, GAIL  
Address: 3259 VILLAGE LANE  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D ( ) Change (X) Addition  
Name: LOPRIORE, SAL  
Address: P.O. BOX 2154  
City-St-Zip: SAG HARBOR, NY 11963

I hereby certify that the information supplied with this filing does not qualify 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: ANA M ROMILLO

DP

01/17/2009

Electronic Signature of Signing Officer or Director

Date