2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008
Secretary of State

DOCUMENT# N07000004079

Entity Name: RESTORATION FELLOWSHIP, INC.

Current Principal Place of Business:

1601 JOHNS LAKE ROAD
APT. 125
CLERMONT, FL 34711

New Principal Place of Business:

2 WESTON RD
LEESBURG, FL 34748

Current Mailing Address:

1601 JOHNS LAKE ROAD
APT. 125
CLERMONT, FL 34711

New Mailing Address:

2 WESTON RD
LEESBURG, FL 34748

FEI Number: 65-1212900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON, PA
907 WEBSTER STREET
LEESBURG, FL US

Name and Address of New Registered Agent:

PD, LANCE T TRAVIS
2 WESTON RD
LEESBURG, FL 34748 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: LTT 08/22/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TRAVIS, LANCE T
Address: 1601 JOHNS LAKE ROAD, APT. 125
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete
Name: TRAVIS, TINA R
Address: 1601 JOHNS LAKE ROAD, APT.. 125
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TRAVIS, LANCE T
Address: 2 WESTON RD
City-St-Zip: LEESBURG, FL 34748

Title: VPD (X) Change ( ) Addition
Name: TRAVIS, TINA R
Address: 2 WESTON RD
City-St-Zip: LEESBURG, FL 34748

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: TINA R. TRAVIS VPD 08/22/2008
Electronic Signature of Signing Officer or Director — Date