

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006483

FILED  
Feb 24, 2010  
Secretary of State

**Entity Name:** RESTORATION COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

23022 MCNULTY AVE.  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

23022 MCNULTY AVE.  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 27-0477538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNCH, CHAD D MR.  
23022 MCNULTY AVE.  
PORT CHARLOTTE, FL 33952 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: P  
Name: TRAVIS, CHARLES T  
Address: 11152 OAK RIDGE DR. S.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP  
Name: LYNCH, CHAD D  
Address: 23022 MCNULTY AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: LYNCH, AMY M  
Address: 23022 MCNULTY AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S/T  
Name: LYNCH, CHRISTINE D  
Address: 25268 COPIAPO CIR.  
City-St-Zip: PUNTA GORDA, FL 33983

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: CHAD D. LYNCH

MR.

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date