## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N13991

FILED Jan 11, 2008 Secretary of State

Entity Name: RESTORATION OUTREACH MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 13026 SW. ARCHER ROAD ARCHER, FL 32618 **Current Mailing Address: New Mailing Address:** 13026 SW. ARCHER ROAD PO BOX 140720 GAINESVILLE, FL 326140720 ARCHER, FL 32618 FEI Number: 59-2882436 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOYKIN, DANNIE L 10418 SW 122ND STREET GAINESVILLE, FL 32608 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOYKIN, DANNIE L., Name: Name: 10418 SW 122ND STREET Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: () Delete Title: VPD (X) Change ( ) Addition Name: HOWARD-BOYKIN, CYNTHIA Name: BOYKIN, CYNTHIA Address: 10418 SW 122ND STREET Address: 10418 SW 122ND STREET City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608 Title: TSD () Delete Title: () Change () Addition GARONE, RENEE D Name: Name: 13320 SW ARCHER ROAD Address: Address: City-St-Zip: ARCHER, FL 32618 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GARONE, RAYMOND Name: Address: 13320 SW ARCHER ROAD Address: City-St-Zip: ARCHER, FL 32618 City-St-Zip:

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: CYNTHIA BOYKIN **VP** 01/11/2008