

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 20, 2008
Secretary of State

DOCUMENT# N13991

Entity Name: RESTORATION OUTREACH MINISTRIES, INC.**Current Principal Place of Business:**13026 SW. ARCHER ROAD
ARCHER, FL 32618**New Principal Place of Business:****Current Mailing Address:**13026 SW. ARCHER ROAD
ARCHER, FL 32618**New Mailing Address:****FEI Number:** 59-2882436**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOYKIN, DANNIE L.
10418 SW 122ND STREET
GAINESVILLE, FL 32608 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:** PD () Delete
Name: BOYKIN, DANNIE L.,
Address: 10418 SW 122ND STREET
City-St-Zip: GAINESVILLE, FL 32608**Title:** VPD () Delete
Name: BOYKIN, CYNTHIA
Address: 10418 SW 122ND STREET
City-St-Zip: GAINESVILLE, FL 32608**Title:** TSD () Delete
Name: GARONE, RENEE D
Address: 13320 SW ARCHER ROAD
City-St-Zip: ARCHER, FL 32618**Title:** D (X) Delete
Name: GARONE, RAYMOND
Address: 13320 SW ARCHER ROAD
City-St-Zip: ARCHER, FL 32618**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 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

01/20/2008

Electronic Signature of Signing Officer or Director

Date