

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000075 (8)
 1. Corporation Name
RESTORATION AND REVEALING MINISTRIES, INC.



Principal Place of Business 1600 PULLEN ROAD #11-J TALLAHASSEE FL 32303	Mailing Address 1600 PULLEN ROAD #11-J TALLAHASSEE FL 32303
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3. Date Incorporated or Qualified 01/07/1997	
4. FEI Number 59-3415904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 1600 Pullen Road #11-J Tallahassee FL, 32303	2a. Mailing Address 1600 Pullen Road #11-J Tallahassee FL, 32303		
22. Suite, Apt. #, etc. # 11-J	27. Suite, Apt. #, etc. # 11-J		
23. City & State Tallahassee, FL	28. City & State Tallahassee, FL		
24. Zip 32303	25. Country Leon	29. Zip 32303	30. Country Leon

9. Name and Address of Current Registered Agent JACKSON, KENNETH L 1600 PULLEN ROAD #11-J TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
			FL
			85. Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE JACKSON, KENNETH L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, KENNETH L		1.2 NAME	
STREET ADDRESS 1600 PULLEN ROAD #11-J		1.3 STREET ADDRESS 1714 West Street	
CITY-ST-ZIP TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP Bainbridge Ga. 31717	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, RETHEMIOUS R		2.2 NAME	
STREET ADDRESS 1600 PULLEN ROAD #11-J		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLETCHER, RANDALL		3.2 NAME	
STREET ADDRESS 1600 PULLEN ROAD #11-J		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth L Jackson* Date: July 6, 1998 (850) 297-1770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)