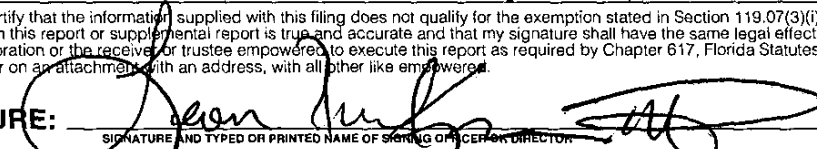


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90031 015 ****61.25

DOCUMENT # N97000005333 1. Entity Name RESTORATION FULL GOSPEL BAPTIST CHURCH, INC.					
Principal Place of Business 900 WEST CERVANTES STREET PENSACOLA, FL 32501			Mailing Address 900 WEST CERVANTES STREET PENSACOLA, FL 32501		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RANKINS, LEON III 3013 TUJAQUES PLACE PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete		TITLE	P ☐ Change ☒ Addition	
NAME	RANKINS, EDNA R		NAME	Leon Rankins, III	
STREET ADDRESS	7153 RAMPART WAY		STREET ADDRESS	3013 Tujaques Place	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	T ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	ARNOLD, JOYCE		NAME		
STREET ADDRESS	905 NORTH 46TH		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32506		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	BUTLER, DARRICK		NAME		
STREET ADDRESS	1201 NORTH GRANDVIEW		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	GARNUETT, DOLLY		NAME		
STREET ADDRESS	814 GARNET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	MCDUGAL, ARDETTA		NAME		
STREET ADDRESS	209 E HERNANDEZ ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32503		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	VP ☐ Change ☒ Addition	
NAME			NAME	Melba J. Rankins	
STREET ADDRESS			STREET ADDRESS	3013 Tujaques Place	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32501	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  (850) 438-7774 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					