

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90075 040 ****70.00

DOCUMENT # N99000003824
 1. Entity Name
BY FAITH RESTORATION MINISTRIES, INC.



Principal Place of Business
**1310 GARDEN CROSSING RD.
 LARGO, FL 33746**

Mailing Address
**P.O. BOX 481
 LARGO, FL 33746**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box ~~1330~~ 1332
 Suite, Apt. #, etc.

City & State
Largo, FL

4. FEI Number
59-3583395

Applied For
 Not Applicable

Zip
33746

Country
Pinellas

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KIMBROUGH, MICHAEL
 1360 LONG STREET
 CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent

Name **Kimbrough, Micheal**

Street Address (P.O. Box Number is Not Acceptable)
1560 Long St

City **Clearwater, FL** Zip Code **33755**

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.

SIGNATURE *Michael S. Kimbrough* DATE **Feb 25, 2005**

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, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIMBROUGH, MICHAEL 1560 LONG ST. CLEARWATER, FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACK, JAMES E SR. 2043 24TH ST., S.W. LARGO, FL 33774 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIMBROUGH, DEBORAH 1560 LONG ST. CLEARWATER, FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JOSEPH 104 N. SAN REMO CLEARWATER, FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIGGETT, WAYNE 217 APRIL LANE PALM HARBOR, FL 33755 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kimberly Lockingour 3157 Hursh Ave Apt A Oldsmar, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sheila Jones 104 N. San Remo Clearwater, Fla. 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kimbrough, Deborah 1560 Long St Clearwater FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jones, Joseph 104 N. San Remo Clearwater, FL. 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hank Porter 2065 N Highland 403 Clearwater 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Michael S. Kimbrough* DATE: **Feb 25, 2005** DAYTIME PHONE #: **727-667-8467**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

