## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002722

FILED Jan 21, 2009 Secretary of State

Entity Name: RESTORATION WORLD OUTREACH MINISTRIES, INC

**Current Principal Place of Business: New Principal Place of Business:** 7623 NW 88TH CIRCLE 1649 S 21 AVENUE TAMARAC, FL 33321 HOLLYWOOD, FL 33320 **Current Mailing Address: New Mailing Address:** 7623 NW 88TH CIRCLE 4846 N UNIVERSITY DRIVE, PMB 375 TAMARAC, FL 33321 LAUDERHILL, FL 33351 FEI Number: 20-4488530 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LYSTON, STEVE LYSTON, STEVE 7623 NW 88TH CIRCLE 7594 OAK GROVE CIRCLE LAKEWORTH, FL 33467 TAMARAC, FL 33321 US 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: SLYSTON 01/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LYSTON, STEVE LYSTON, STEVE Name: Name: 7623 NW 88 CIRCLE Address: 7594 OAK GROVE CIRCLE Address: City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: LAKEWORTH, FL 33467 US Title: () Delete Title: () Change () Addition HUTCHINSON, DORIS Name: Name: Address: 9413 NW 42ND STREET Address: City-St-Zip: SUNRISE, FL 33351 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LYSTON, MICHELLE Name: LYSTON, MICHELLE Name: 7623 NW 88TH CIRCLE 7594 OAK GROVE CIRCLE Address: Address: City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: LAKEWORTH, FL 33467 US ( ) Delete Title: Title: () Change () Addition Name: GRANT-HAMILTON, CAROLYN Name: 9413 NW 42ND STREET Address: Address: SUNRISE, FL 33351 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BARHOO, TONY S DR. Name: Name: 1355 CADILLAC DRIVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: S LYSTON P 01/21/2009

() Delete

Title:

Name:

Address:

City-St-Zip:

( ) Change (X) Addition

BROTHERTON, NADRA

17716 38TH LANE N LOXAHATCHEE, FL 33470