

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744104

FILED
Feb 19, 2015
Secretary of State
CC9403228776

Entity Name: RESTORATION FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

1353 CROSS CREEK CIRCLE
BUILDING A
TALLAHASSEE, FL 32301

Current Mailing Address:

320 S. MLK JR DRIVE
THOMASVILLE, GA 31792 US

FEI Number: 65-0263316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAYTON, DEBORAH L
1353 CROSS CREEK CIRCLE
BUILDING A
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CLAYTON, DEBORAH L
Address 320 S. MLK JR DRIVE
City-State-Zip: THOMASVILLE GA 31792

Title SD
Name NATALIE, MADRY
Address 4530 NW 36 ST, APT #409
City-State-Zip: LAUDERDALE LAKES FL 33319

Title TD
Name MALONE, JAMES
Address 249 NE 39 CT
City-State-Zip: POMPANO BEACH FL 33060

Title D
Name AUDREY, MURRAY
Address 3121 NW 68 STREET
City-State-Zip: FT LAUDERDALE FL 33309

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH CLAYTON

PASTOR

02/19/2015

Electronic Signature of Signing Officer/Director Detail

Date