

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744104

**Entity Name:** RESTORATION FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

2912 WAHNISH WAY  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

117 HOPKINS ST  
THOMASVILLE, GA 31792 US

**FEI Number:** 65-0263316

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLAYTON, DEBORAH L  
117 HOPKINS ST  
THOMASVILLE, FL 31792 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 117 HOPKINS ST  
City-State-Zip: THOMASVILLE GA 31792

Title SD  
Name REKA, WALTON  
Address 4657 RUSSELL POND LANE  
City-State-Zip: TALLAHASSEE FL 32303

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

Title D  
Name DEREK, NEWSOME  
Address 16 EASTWOOD CIRCLE  
City-State-Zip: HOMEWOOD AL 35209

*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**

**04/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date