

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744104

**FILED  
Apr 26, 2013  
Secretary of State  
CC9863642138**

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

**Current Principal Place of Business:**

2401 NW 47 AVE  
FORT LAUDERDALE, FL 33313

**Current Mailing Address:**

P.O.BOX 120952  
FT. LAUDERDALE, FL 33312

**FEI Number: 65-0263316**

**Certificate of Status Desired: No**

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

CLAYTON, DEBORAH L  
2401 NW 47TH AVE  
LAUDERHILL, FL 33313 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 2401 NW 47TH AVE  
City-State-Zip: LAUDERHILL FL 33313

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**

**PRESIDENT**

**04/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date