

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744104

Entity Name: RESTORATION FAMILY WORSHIP CENTER, INC.

Current Principal Place of Business:

2309 OXFORD RD
TALLAHASSEE, FL 32304

Current Mailing Address:

604 JUNIUS STREET
THOMASVILLE, GA 31792 US

FEI Number: 65-0263316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAYTON, DEBORAH L
604 JUNIUS 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 604 JUNIUS STREET
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

04/24/2022

Electronic Signature of Signing Officer/Director Detail

Date