

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006448

Entity Name: NEW RESTORATION MINISTRIES, INC**Current Principal Place of Business:**30 OLD FERRY RD
SHALIMAR, FL 32579**Current Mailing Address:**PO BOX 235
SHALIMAR, FL 32579**FEI Number: 59-3741849****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, BERNARD H SR
30 OLD FERRY RD
SHALIMAR, FL 32579 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 D
Name GOODWIN, ALEX
Address 79 SCHOONER LANE
City-State-Zip: SHALIMAR FL 32579Title D
Name PRINE, MICHELLE
Address 308 SUNESTA COURT
City-State-Zip: CRESTVIEW FL 32536Title 1ST VICE PRESIDENT/TREASURER
Name JOHNSON, LOIS A
Address 30 OLD FERRY RD
City-State-Zip: SHALIMAR FL 32579Title D
Name GIPSON, TIMOTHY
Address 508 SOFTWOOD DRIVE
City-State-Zip: FORT WALTON BEACH FL 32548Title PRESIDENT/PASTOR
Name JOHNSON, BERNARD H SR
Address 30 OLD FERRY RD
City-State-Zip: SHALIMAR FL 32579Title 2ND VICE PRESIDENT
Name JOHNSON , BERNARD HALL JR.
Address 216 YELLOW PINE COURT
City-State-Zip: NICEVILLE FL 32578

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: JOHNSON, BERNARD SR**PRESIDENT/PASTOR****01/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date