## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006408

Entity Name: FAITH RESTORATION WORSHIP CENTER INC.

FILED
May 02, 2020
Secretary of State
1193580097CC

**Current Principal Place of Business:** 

1221 NORTH 13TH STREET FT. PIERCE. FL 34950

## **Current Mailing Address:**

1221 NORTH 13TH STREET FT. PIERCE, FL 34950 US

FEI Number: 20-5077824 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JENKINS, LASHANDRA P VP 1221 NORTH 13TH STREET FT. PIERCE, FL 34950 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: LASHANDRA P. JENKINS 05/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT, PASTOR Title VP, PASTOR

NameJENKINS, RONNIENameJENKINS, LASHANDRAAddress1221 NORTH 13TH STREETAddress1221 NORTH 13TH STREET

City-State-Zip: FT. PIERCE FL 34950 City-State-Zip: FT. PIERCE FL 34950

Title DIRECTOR #2 Title TREASURER

Name MCDONALD, GREGORY Name HARDEN, JOANNA

Address 1221 NORTH 13TH STREET Address 1221 NORTH 13TH STREET

City-State-Zip: FT. PIERCE FL 34950 City-State-Zip: FT. PIERCE FL 34950

Title D#3, FINANCIAL SECRETARY Title SECRETARY

Name DODD, BERNIE Name POLITE, TURRIS S

Address 1221 NORTH 13TH STREET Address 1221 NORTH 13TH STREET

City-State-Zip: FT. PIERCE FL 34950 City-State-Zip: FT. PIERCE FL 34950

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: LASHANDRA JENKINS REGISTERED AGENT 05/02/2020