

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006408

Entity Name: FAITH RESTORATION WORSHIP CENTER INC.**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

04/26/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, PASTOR
Name JENKINS, RONNIE
Address 1221 NORTH 13TH STREET
City-State-Zip: FT. PIERCE FL 34950

Title VP, PASTOR
Name JENKINS, LASHANDRA P
Address 1221 NORTH 13TH STREET
City-State-Zip: FT. PIERCE FL 34950

Title DIRECTOR #2
Name MCDONALD, GREGORY
Address 1221 NORTH 13TH STREET
City-State-Zip: FT. PIERCE FL 34950

Title TREASURER
Name HARDEN, JOANNA
Address 1221 NORTH 13TH STREET
City-State-Zip: FT. PIERCE FL 34950

Title D #3, FINANCIAL SECRETARY
Name DODD, BERNIE
Address 1221 NORTH 13TH STREET
City-State-Zip: FT. PIERCE FL 34950

Title SECRETARY
Name POLITE, TURRIS S
Address 1221 NORTH 13TH STREET
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: JENKINS, LASHANDRA P

PASTOR/VP

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date