

**2017 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  
2706 ESSEX CT.  
FORT PIERCE, FL 34946 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

03/07/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, PASTOR  
Name JENKINS, RONNIE  
Address 2706 ESSEX COURT  
City-State-Zip: FT. PIERCE FL 34946

Title VP, PASTOR  
Name JENKINS, LASHANDRA  
Address 2706 ESSEX COURT  
City-State-Zip: FORT PIERCE FL 34946

Title DIRECTOR #2  
Name MCDONALD, GREGORY  
Address 2050 OLEANDER BLVD. APT. 11-208  
City-State-Zip: FT. PIERCE FL 34950

Title TREASURER  
Name HARDEN, JOANNA  
Address 1175 11TH COURT SW  
City-State-Zip: VERO BEACH FL 32962

Title D #3, FINANCIAL SECRETARY  
Name DODD, BERNIE  
Address 1005 N 22ND STREET  
City-State-Zip: FORT PIERCE FL 34950

Title SECRETARY  
Name POLITE, TURRIS S  
Address 2508 CREEKSIDE DRIVE  
City-State-Zip: FT. PIERCE FL 34981

*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**REGISTERED AGENT**

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date