#### 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.

PRESIDENT

# SIGNATURE: CHAD LYNCH

Electronic Signature of Signing Officer/Director Detail

# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0900006483

Entity Name: RESTORATION COMMUNITY CHURCH, INC.

#### **Current Principal Place of Business:**

3176 HOMEWOOD AVE. NORTH PORT, FL 34286

#### **Current Mailing Address:**

3176 HOMEWOOD AVE. NORTH PORT. FL 34286

## FEI Number: 27-0477538

# Name and Address of Current Registered Agent:

LYNCH, CHAD DMR. 3176 HOMEWOOD AVE NORTH PORT, FL 34286 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

# **Officer/Director Detail :**

Title	P	Title	TREASURER
Name	LYNCH, CHAD D	Name	LYNCH, AMY
Address	3176 HOMEWOOD AVE.	Address	3176 HOMEWOOD AVE.
City-State-Zip:	NORTH PORT FL 34286	City-State-Zip:	NORTH PORT FL 34286

04/02/2016 Date

FILED Apr 02, 2016 Secretary of State CC7252046924

Certificate of Status Desired: No

Date