

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 01, 2017
Secretary of State
CC4104642812

Entity Name: REGENERATING INTERNATIONAL THROUGH HEALING, DELIVERANCE, AND RESTORATION, INC.

Current Principal Place of Business:

1505 THARPE ST
APT 1421
TALLAHASSEE, FL 32303

Current Mailing Address:

P O BOX 33
MIDWAY, FL 32343 US

FEI Number: 80-0816411

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PASTOR PAMELA D. KELLY
1505 THARPE ST
APT 1421
TALLAHASSEE, FL 32303 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 DIRECTOR, PRESIDENT, PASTOR
Name PAMELA D. KELLY
(EVANGELIZING/PROPHETESS)
Address P O BOX 33
City-State-Zip: MIDWAY FL 32343

Title DIRECTOR, TREASURER, FINANCIAL
OFFICER
Name WHITNEY S. KELLY (SISTER)
Address P O BOX 33
City-State-Zip: MIDWAY FL 32343

Title EXECUTIVE SECRETARY
Name DAR'LINDA WILLIAMS (SISTER)
Address 2352 MARTIN LUTHER KING BLVD
City-State-Zip: MIDWAY FL 32343

Title INTERCESSORY PRAYER WARRIOR,
DIRECTOR
Name PEOPLES, LAURA (SISTER) B.
Address 50 ENOCH ANTHONY DRIVE
City-State-Zip: QUINCY FL 32352

Title DIRECTOR, YOUTH MINISTRY
Name ISAAC E SUTTON (BROTHER)
Address P O BOX 33
City-State-Zip: MIDWAY FL 32343

Title DIRECTOR, CORRESPONDING
SECRETARY
Name ALEXIS DAVIS (SISTER)
Address 1505 THARPE ST
APT 1421
City-State-Zip: TALLAHASSEE FL 32303

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: PASTOR PAMELA KELLY

DIRECTOR/PRESIDENT

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date