

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004799

FILED
Aug 31, 2015
Secretary of State
CC0199829462

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

Current Principal Place of Business:

770 APPELYARD DRIVE
TALLAHASSEE, FL 32304

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
770 APPELYARD DRIVE
APT# 20 D
TALLAHASSEE, FL 32304 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, VICE PRESIDENT, CHAIRMAN
Name JESS L. PENN (APOSTLE)
Address P O BOX 33
City-State-Zip: MIDWAY FL 32343

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: PAMELA D KELLY

DIRECTOR

08/31/2015

Electronic Signature of Signing Officer/Director Detail

Date