

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004799

**FILED**  
**Sep 02, 2018**  
**Secretary of State**  
**CC9984182910**

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

**Current Principal Place of Business:**

1505 THARPE ST  
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  
2131 N MERIDIAN RD  
APT 213  
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 TRENDIA MOORE (SISTER)  
Address 912 OBSERVATORY COURT  
City-State-Zip: ORLANDO FL 32818

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

Title DIRECTOR, CHEIF ARMOR BEAR  
Name HAYWARD HENRY (BROTHER)  
Address 16411 QUAIL CALL DR  
City-State-Zip: MISSOURI CITY TX 77489

*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 KELLY**

**PASTOR/PROPHETESS**

**09/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date