

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003325

**Entity Name:** THE HOUSE OF RESTORATION RETREAT, INC.

**Current Principal Place of Business:**

3707 KENTFIELD PL  
VALRICO, FL 33596

**Current Mailing Address:**

3433 LITHIA PINECREST RD.  
SUITE 237  
VALRICO, FL 33596

**FEI Number:** 47-3438697

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAHAM, YOLANDA  
3707 KENTFIELD PL  
VALRICO, FL 33596 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  
Name            GRAHAM, YOLANDA  
Address        3433 LITHIA PINECREST RD.  
                  SUITE 237  
City-State-Zip: VALRICO FL 33596

*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:** YOLANDA GRAHAM

**MANAGER**

**03/17/2017**

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

\_\_\_\_\_ Date