

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008185

Entity Name: PROJECT RESTORE MINISTRIES INC

Current Principal Place of Business:

8406 NEW KINGS RD.
#10
JACKSONVILLE, FL 32219

Current Mailing Address:

P O BOX 66087
JACKSONVILLE, FL 32208 US

FEI Number: 47-4151460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, MARILYN H
8406 NEW KINGS RD.
#10
JACKSONVILLE, FL 32219 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 EXECUTIVE DIRECTOR
Name JOHNSON, MARILYN H
Address P O BOX 66087
City-State-Zip: JACKSONVILLE FL 32208

Title CHAIRMAN
Name WILLIAMS, EDMOND
Address 4905 ARROWSMITH RD.
City-State-Zip: JACKSONVILLE FL 32208

Title DIRECTOR OF FINANCES
Name NATHAN, MCCARDLE
Address 12763 OXFORD CROSSING DR.
City-State-Zip: JACKSONVILLE FL 32224

Title BOARD DIRECTOR
Name GIVENS, KISTINA Y
Address 7623 BAYMEADOWS CIR. W.
#2066
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name COMBS, TANGI
Address 6562 ECTOR COURT
City-State-Zip: JACKSONVILLE FL 32211

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: MARILYN H. JOHNSON

EXECUTIVE DIRECTOR

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date