

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N17000004196

**FILED**  
**Nov 30, 2018**  
**Secretary of State**  
**CR0314160046**

**Entity Name:** THE RESTORATION CHURCH INTERNATIONAL, INC.

**Current Principal Place of Business:**

5807 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

**Current Mailing Address:**

5926 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

TURTON, BYRON A III  
5926 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 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: BYRON A. TURTON III**

**11/30/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TURTON, BYRON A III  
Address 5926 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name TURTON, TAMERIA S  
Address 5926 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title EXECUTIVE ASSISTANT  
Name PIZARRO MARTELL, VERONICA D.  
Address 5926 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR OF MUSIC  
Name AGRINSONI, TRIXIE  
Address 5926 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR OF MUSIC  
Name BROWN, WAYNE A.  
Address 5926 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR OF RESOURCE  
Name MONTGOMERY, BRANDON  
Address 5926 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR OF HOSPITALITY  
Name MONTGOMERY, TIANA  
Address 5926 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title ADMINISTRATIVE ASSISTANT  
Name COOPER, ALISA  
Address 5926 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

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*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: BYRON A. TURTON III**

**PRESIDENT**

**11/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ELDER  
Name MCCOY-SAVAGE, CRYSTAL  
Address 5926 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809