2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723462

FILED Aug 06, 2005 Secretary of State

Entity Name: RESTORATION TEAM MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

5529 EDINGTON LANE 113 PFAU STREET

RALEIGH, NC 27804 MANKATO, MN 560015245 US

Current Mailing Address: New Mailing Address:

5529 EDINGTON LANE 113 PFAU STREET

RALEIGH, NC 27804 MANKATO, MN 56001 US

FEI Number: 59-1440517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ROBERTS, MRS. LINDA 1017 TALLAVANNA TRAIL

DAVIS, BILL 16019 SADDLE CREEK DRIVE HAVANA, FL 32333 TAMPA, FL 33618

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: WILLIAM E. DAVIS 08/06/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

PHILLIPS, RON T PHILLIPS, RON T Name: Name: 5529 EDINGTON LANE Address: 4216 CARNOUSTIE LANE Address: City-St-Zip: RALEIGH, NC 27804 City-St-Zip: CHARLOTTE, NC 28210 US

Title: VD () Delete Title: (X) Change () Addition

KARVONEN, DANIEL S LAWRENCE, LES Name: Name: Address: 12123-105 OAKWOOD VIEW DR. Address: 113 PFAU STREET City-St-Zip: RALEIGH, NC 27614 City-St-Zip: MANKATO, MN 56001 US

Title:

() Delete Title: (X) Change () Addition NICHOLS, HAL Name: LAWRENCE, LES Name: 1208 OAK CREST DRIVE Address: Address: 1034 WINDEMERE LANE

City-St-Zip: KNIGHTDALE, NC 27545 City-St-Zip: WAKE FOREST, NC 27587 US

() Delete Title: Title: (X) Change () Addition

Name: DAVIS, BILL Name: DAVIS, WILLIAM E 16019 SADDLE CREEK DRIVE 16019 SADDLE CREEK DRIVE Address: Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618 US

Title: (X) Delete Title: () Change () Addition

KARVONEN, DANIEL Name: Name: 320 WOODSHIRE DRIVE Address: Address: City-St-Zip: MANKATO, MN 56001 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RON T PHILLIPS CHRM 08/06/2005

Electronic Signature of Signing Officer or Director

Date