

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723462

FILED
Jul 06, 2007
Secretary of State

Entity Name: RESTORATION TEAM MINISTRIES, INC.

Current Principal Place of Business:

113 PFAU STREET
MANKATO, MN 560015245 US

New Principal Place of Business:

16019 SADDLE CREEK DRIVE
TAMPA, FL 33618 US

Current Mailing Address:

113 PFAU STREET
MANKATO, MN 56001 US

New Mailing Address:

16019 SADDLE CREEK DRIVE
TAMPA, FL 33618 US

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

DAVIS, BILL
16019 SADDLE CREEK DRIVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

DAVIS, WILLIAM E D
16019 SADDLE CREEK DRIVE
TAMPA, FL 33618 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: WILLIAM E. DAVIS

07/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: PHILLIPS, RON T
Address: 113 PFAU STREET
City-St-Zip: MANKATO, MN 56001 US

Title: PD (X) Delete
Name: KARVONEN, DANIEL S
Address: 113 PFAU STREET
City-St-Zip: MANKATO, MN 56001 US

Title: D (X) Delete
Name: LAWRENCE, LES
Address: 1034 WINDEMERE LANE
City-St-Zip: WAKE FOREST, NC 27587 US

Title: D (X) Delete
Name: DAVIS, WILLIAM E
Address: 16019 SADDLE CREEK DRIVE
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PHILLIPS, RON T
Address: 16019 SADDLE CREEK DRIVE
City-St-Zip: TAMPA, FL 33618 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM E. DAVIS

D

07/06/2007

Electronic Signature of Signing Officer or Director

Date