

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723462

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** RESTORATION TEAM MINISTRIES, INC.

**Current Principal Place of Business:**

16019 SADDLE CREEK DRIVE  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

16019 SADDLE CREEK DRIVE  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-1440517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

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

Title: DIR ( ) Delete  
Name: PHILLIPS, DIANA D  
Address: 3170 HEATHSTEAD PLACE  
City-St-Zip: CHARLOTTE, NC 28210 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RON T. PHILLIPS

PRES

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date