

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723462

FILED
Mar 25, 2011
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:

3170 HEATHSTEAD PLACE
CHARLOTTE, NC 28210 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
Name: PHILLIPS, RON T
Address: 3170 HEATHSTEAD PLACE
City-St-Zip: CHARLOTTE, NC 28210 US

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

Title: DIR
Name: DAVIS, WILLIAM E
Address: 16019 SADDLE CREEK DR.
City-St-Zip: TAMPA, FL 33618

Title: DIR
Name: DAVIS, NANCY D
Address: 16019 SADDLE CREEK DR.
City-St-Zip: TAMPA, FL 33618

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: WILLIAM E, DAVIS

DIR

03/25/2011

Electronic Signature of Signing Officer or Director

Date