

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000265

FILED
Jan 21, 2008
Secretary of State

Entity Name: RESTORATION MINISTRIES FOR WOMEN, INC.

Current Principal Place of Business:

302 EAST BUCHANON AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 574525
ORLANDO, FL 32857

New Mailing Address:

FEI Number: 59-3633045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: P () Delete
Name: MCMAKIN, CONNIE G
Address: 420 BOXWOOD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: HARTSFIELD, JOYCE
Address: 412 MELANY WAY
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: STUTZMAN, SHANE REV
Address: 302 EAST BUCHANON AVE.
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: MCMAKIN, CONNIE
Address: 302 EAST BUCHANON AVE.
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: AMENT, MARGARET
Address: 2935 S. WHISPER BAY CT.
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: AMENT, DAVID
Address: 302 EAST BUCHANON AVE.
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCMAKIN, CONNIE G
Address: 420 BOXWOOD CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

Title: P (X) Change () Addition
Name: POOLE, CATHRINE
Address: 239 CAMBRIDGE DR.
City-St-Zip: LONGWOOD, FL 32779

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: CONNIE G. MCMAKIN

D

01/21/2008

Electronic Signature of Signing Officer or Director

Date