

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000265

FILED
Jan 20, 2010
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 592915
ORLANDO, FL 32859 29

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: D
Name: HARTSFIELD, JOYCE S
Address: 302 E. BUCHANON AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: P
Name: HARTSFIELD, JOYCE S
Address: 3612 AMIGOS AVENUE
City-St-Zip: ORLANDO, FL 32808

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

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

Title: D
Name: SMITH, KATHLEEN
Address: 605 RAINBOW CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: ROMAN, SANDRA
Address: 7518 GENTIAN STREET
City-St-Zip: ORLANDO, FL 32822

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: JOYCE S. HARTSFIELD

DIR

01/20/2010

Electronic Signature of Signing Officer or Director

Date