# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 30, 2005 8:00 am**
**Secretary of State**
03-30-2005 90026 009 ****75.00

DOCUMENT # N00000001464

1. Entity Name

RESTORATION OF LIFE MISSION IN CHRIST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2023 S. RIO GRANDE AVE.<br>ORLANDO FL 32805 | 1321 SOUTH TAMPA AVE<br>ORLANDO FL 32805 |

1st MOORE CR2E037 (10/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3633931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUDSON, VINETTE MORRIS
207 E. HILLCREST STREET
ORLANDO FL 32801

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | E<br>AMOS, NEWBY PASTOR<br>2111 BEECHER STREET<br>ORLANDO FL 32808 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PASTOR ASST.<br>JOAN GRIMSLEY<br>101 DOBSON ST<br>ORLANDO Fla 32805 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCHR<br>ALBERTHA, BOSWELL PASTOR<br>1321 SOUTH TAMPA AVE<br>ORLANDO FL 32805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ACHR<br>NEVILLE, BENJAMIN PASTOR<br>401 HAGER DR<br>OCOEE FL 34761 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TS<br>VERNA, ROUSE L DUPREE<br>3244 WOLCOTT PLACE<br>ORLANDO FL 32805 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T.S<br>STARLYNN Hamilton<br>4123 Barwood DR.<br>ORLando Fla. 32839 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SWABY, GLEN PASTOR<br>2087 LONGFELLOW DRIVE<br>ORLANDO FL 32818 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FARMER, CLARA<br>2416 DARDANETTE DRIVE<br>ORLANDO FL 32808 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Alberta Boswell-James 3-22-05 4072460287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #