2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
01-19-2006 90084 020 ****70.00

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1. Entity Name
RESTORATION OF LIFE MISSION IN CHRIST, INC.

Principal Place of Business	Mailing Address
2023 S. RIO GRANDE AVE. ORLANDO, FL 32805	1321 SOUTH TAMPA AVE ORLANDO, FL 32805

01082006 No Chg-NP CR2E037 (11/05)

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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

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PA
NAME	GRIMSLEY, JOAN
STREET ADDRESS	101 DOBSON STREET
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	PCHR
NAME	ALBERTHA, BOSWELL PASTOR
STREET ADDRESS	1321 SOUTH TAMPA AVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	ACHR
NAME	NEVILLE, BENJAMIN PASTOR
STREET ADDRESS	401 HAGER DR
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	TS
NAME	HAMILTON, STARLYNN
STREET ADDRESS	4123 BARWOOD DR
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	D
NAME	SWABY, GLEN PASTOR
STREET ADDRESS	2087 LONGFELLOW DRIVE
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D
NAME	FARMER, CLARA
STREET ADDRESS	2416 DARDANETTE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Starlynn Hamilton Starlynn Hamilton 1-10-06 407 294-1487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #