

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90050 021 \*\*\*\*70.00

**DOCUMENT # N00000001464**

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



Principal Place of Business  
2023 S. RIO GRANDE AVE.  
ORLANDO, FL 32805

Mailing Address  
1321 SOUTH TAMPA AVE  
ORLANDO, FL 32805

40010000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3633931

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

TITLE PA ☐ Delete  
NAME GRIMSLEY, JOAN  
STREET ADDRESS 101 DOBSON STREET  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE PCHR ☐ Delete  
NAME ALBERTHA, BOSWELL PASTOR  
STREET ADDRESS 1321 SOUTH TAMPA AVE  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE ACHR ☐ Delete  
NAME NEVILLE, BENJAMIN PASTOR  
STREET ADDRESS 401 HAGER DR  
CITY-ST-ZIP OCOEE, FL 34761

TITLE TS ☒ Delete  
NAME HAMILTON, STARLYNN  
STREET ADDRESS 4123 BARWOOD DR  
CITY-ST-ZIP ORLANDO, FL 32839

TITLE D ☒ Delete  
NAME SWABY, GLEN PASTOR  
STREET ADDRESS 2087 LONGFELLOW DRIVE  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE D ☒ Delete  
NAME FARMER, CLARA  
STREET ADDRESS 2416 DARDANETTE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME Glynnette Powell-Lewis  
STREET ADDRESS 5142 Westgate br. Apt 102  
CITY-ST-ZIP Orlando FL 32835

TITLE A P ☐ Change ☒ Addition  
NAME ALAN ANDERSON PASTOR  
STREET ADDRESS 935 Royal Wood Lane  
CITY-ST-ZIP Oviedo FL 32765

TITLE T ☐ Change ☒ Addition  
NAME Kedesha Smith  
STREET ADDRESS 1602 36th St  
CITY-ST-ZIP Orlando FL 32839

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: Alberta Boswell James 2-11-07 4072460287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #