2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N00000001464

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

Current Principal Place of Business:

2023 S. RIO GRANDE AVE.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

1321 SOUTH TAMPA AVE
ORLANDO, FL 32805

New Mailing Address:

2023 S. RIO GRANDE AVE.
ORLANDO, FL 32805

FEI Number: 59-3633931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSWELL JAMES, ALBERMA
1321 S TAMPA AVE
ORLANDO, FL 32805 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:	PA	( ) Delete
Name:	ALLEN, DAVID L	
Address:	4921 RALEIGH ST 5	
City-St-Zip:	ORLANDO, FL 32811	
Title:	PCHR	( ) Delete
Name:	ALBERTHA, BOSWELL PASTOR	
Address:	1321 SOUTH TAMPA AVE	
City-St-Zip:	ORLANDO, FL 32805	
Title:	ACHR	( ) Delete
Name:	NEVILLE, BENJAMIN PASTOR	
Address:	401 HAGER DR	
City-St-Zip:	OCOEE, FL 34761	
Title:	S	( ) Delete
Name:	GOPAUL, VALENCIA	
Address:	6204 BEAUMONT AVE	
City-St-Zip:	ORLANDO, FL 32808	
Title:	AP	( ) Delete
Name:	LUKICH, MIRTA	
Address:	1412 MOSS WOOD DR	
City-St-Zip:	LEESBURG, FL 34738	
Title:	T	( ) Delete
Name:	SMITH, KEDESHA	
Address:	1602 36TH ST/	
City-St-Zip:	ORLANDO, FL 32839	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALBERTHA BOSWELL-JAMES PCHR 02/08/2009
Electronic Signature of Signing Officer or Director — Date