

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001464

FILED
Mar 31, 2010
Secretary of State

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:

2023 S. RIO GRANDE AVE.
ORLANDO, FL 32805

New Mailing Address:

P.O. BOX 550118
ORLANDO, FL 32855

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
Name: ALLEN, DAVID L
Address: 4921 RALEIGH ST 5
City-St-Zip: ORLANDO, FL 32811

Title: PCHR
Name: ALBERTHA, BOSWELL PASTOR
Address: 1321 SOUTH TAMPA AVE
City-St-Zip: ORLANDO, FL 32805

Title: ACHR
Name: NEVILLE, BENJAMIN PASTOR
Address: 401 HAGER DR
City-St-Zip: OCOEE, FL 34761

Title: S
Name: HAMPTON, ZEMORA
Address: 3719 PINE RIDGE RD
City-St-Zip: ORLANDO, FL 32808

Title: AP
Name: LUKICH, MIRTA
Address: 1412 MOSS WOOD DR
City-St-Zip: LEESBURG, FL 34738

Title: T
Name: SMITH, KEDESHA
Address: 1602 36TH ST/
City-St-Zip: ORLANDO, FL 32839

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: PASTOR ALBERTHA BOSWELL

PCHR

03/31/2010

Electronic Signature of Signing Officer or Director

Date