

DOCUMENT # N00000006541

1/9/01-90

1. Entity Name

RESTORATION TEMPLE, INCORPORATED

FILED  
Feb 12, 2001 8:00 am  
Secretary of State

01-09-2001 90003 033 \*\*\*\*70.00

Principal Place of Business	Mailing Address
927 WC STAFFORD TITUSVILLE FL 32780	P.O. BOX 1562 TITUSVILLE FL 32781

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-8683444		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOOKHARDT, CASOYNA R 927 WC STAFFORD TITUSVILLE FL 32780	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.

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOKHARDT, MICHAEL E	NAME	
STREET ADDRESS	927 WC STAFFORD	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOKHARDT, CASOYNA R.	NAME	
STREET ADDRESS	927 WC STAFFORD	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Bookhardt	NAME	
STREET ADDRESS	927 W.C. Stafford St.	STREET ADDRESS	
CITY-ST-ZIP	Titusville, FL 32780	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mae Caldwell	NAME	
STREET ADDRESS	889 Gladiola Circle #215	STREET ADDRESS	
CITY-ST-ZIP	Rockledge, FL 32955	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Mack	NAME	
STREET ADDRESS	207 Croft Drive	STREET ADDRESS	
CITY-ST-ZIP	Kings Mountain North Carolina 28086	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)