

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007378

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: RESTORATION ANOINTED MINISTRY, INC.

## Current Principal Place of Business:

1209 SOUTH BEACH STREET  
#1020  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

1209 SOUTH BEACH STREET  
#1020  
DAYTONA BEACH, FL 32114

## New Mailing Address:

FEI Number: 57-1053253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESIDENT, PAULA R  
8024 SOUTHSIDE BLVD #101  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

PRESIDENT, PAULA R  
8833 OLD KINGS ROAD SOUTH  
# 315  
JACKSONVILLE, FL 32257 US

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: PAULA R PRESIDENT

04/23/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROBINSON, CHARLIE  
Address: 1209 SOUTH BEACH STREET, #1020  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete  
Name: BRYANT, ALBERT T  
Address: 124 LEA AVE  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: HOUGH, BOBBY G  
Address: 112 POWELL BLVD., APT. 4102  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D ( ) Delete  
Name: MORRIS, VONDA H  
Address: 5938 TRAILWOOD DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete  
Name: ROBINSON-LIVINGSTON, VICTORIA  
Address: 1000 DOUGLAS AVENUE #170  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: PRESIDENT, PAULA R  
Address: 8024 SOUTHSIDE BLVD #101  
City-St-Zip: JACKSONVILLE, FL 32256

## 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: D (X) Change ( ) Addition  
Name: PRESIDENT, PAULA R  
Address: 8833 OLD KINGS ROAD SOUTH #315  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAULA R PRESIDENT

MISS

04/23/2005

Electronic Signature of Signing Officer or Director

Date