2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007378

1. Entity Name
RESTORATION ANOINTED MINISTRY, INC.

Principal Place of Business	Mailing Address
1209 SOUTH BEACH STREET #1020 DAYTONA BEACH, FL 32114	1209 SOUTH BEACH STREET #1020 DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

02202007   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
57-1053253	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRESIDENT, PAULA R
262 WINTER SPRINGS WAY
JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, CHARLIE
STREET ADDRESS	1209 SOUTH BEACH STREET, #1020
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	D
NAME	BRYANT, ALBERT T
STREET ADDRESS	124 LEA AVE
CITY-ST-ZIP	LONGWOOD, FL 32750

TITLE	T
NAME	HOUGH, BOBBY G
STREET ADDRESS	112 POWELL BLVD., APT. 4102
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	S
NAME	PHILLIPS, MONICA
STREET ADDRESS	1038 DEKLEVA DRIVE
CITY-ST-ZIP	APOPKA, FL 32712

TITLE	D
NAME	ROBINSON-LIVINGSTON, VICTORIA
STREET ADDRESS	365 CONCH KEY WAY
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	D
NAME	PRESIDENT, PAULA R
STREET ADDRESS	262 WINTER SPRINGS WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32225

U00000646350
03/06/07-80026-020 61.25

DO NOT WRITE IN THIS SPACE

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: _____   2-21-07   (407)804556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #