

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007378

FILED
Mar 22, 2009
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:

PHILLIPS, MONICA R
1038 DEKLEVA DRIVE
APOPKA, FL 32712 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: 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: T () Delete
Name: HOUGH, BOBBY G
Address: 112 POWELL BLVD., APT. 4102
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: PHILLIPS, MONICA
Address: 1038 DEKLEVA DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: ROBINSON-LIVINGSTON, VICTORIA
Address: 365 CONCH KEY WAY
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: PRESIDENT, PAULA R
Address: 262 WINTER SPRINGS WAY
City-St-Zip: JACKSONVILLE, FL 32225

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: MONICA R. PHILLIPS

S

03/22/2009

Electronic Signature of Signing Officer or Director

Date