


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90011 011 ****61.25

DOCUMENT # N01000001001	
1. Entity Name RESTORATION & PRAISE CHRISTIAN FELLOWSHIP CENTER, INC.	

Principal Place of Business 1098 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301	Mailing Address PO BOX 6335 TALLAHASSEE, FL 32314-6335
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50062940



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

07182005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3700878	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BROWN, STEPHANIE 1098 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephanie Brown*, *Stephanie Brown, Church Administrator* 8/10/05
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CATB BROWN, STEPHANIE 2718 APALACHEE PKWY TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT BLAKE, IVORY 2718 APALACHEE PKWY TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, MELVIN T 2718 APALACHEE PKWY TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT HARDNETT, FELICIA 2718 APALACHEE PKWY TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT WILLIAMS, ROBERT 2718 APALACHEE PARKWAY TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 1098 Paul Russell Road
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 1098 Paul Russell Road
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 1098 Paul Russell Road
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition → 1098 Paul Russell Road
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dennis, Salesia 1098 Paul Russell Road Tallahassee, FL 32301

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Melvin T. Brown* 8/10/05 510-1537/656-1265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #