

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90022 012 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3700878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, STEPHANIE
1098 PAUL RUSSELL ROAD
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **CATB**
STREET ADDRESS **BROWN, STEPHANIE**
CITY-ST-ZIP **1098 PAUL RUSSEL ROAD
TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME **CT SALESIA, DENNIS Swindell**
STREET ADDRESS **1098 PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME **P BROWN, MELVIN T**
STREET ADDRESS **1098 PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME **CT HARDNETT, FELICIA**
STREET ADDRESS **1098 PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☒ Delete
NAME **CT WILLIAMS, ROBERT**
STREET ADDRESS **1098 PAUL RUSSELL ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME **Booker, Anna**
STREET ADDRESS **1098 Paul Russell Road**
CITY-ST-ZIP **Tallahassee, FL 32301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Salesia Swindell**
STREET ADDRESS **(Same Address)**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

1/30/06

510-3542