## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N01000001001

RESTORATION & PRAISE CHRISTIAN FELLOWSHIP CENTER, INC.



**FILED** May 25, 2007 8:00 am Secretary of State 05-25-2007 90027 037 \*\*\*\*61.25



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1098 PAUL RUSSELL ROAD		P0 B0	Mailing Address PO BOX 6335 TALLAHASSEE, FL 32314-6335							
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Maili	ailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			05232007	Chg-NP	CR2E03	7 (12/06)	
City & State		City	ity & State			4. FEI Number 59-37008	78			plied For at Applicable
Zip	Zip Country Zip			Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registere			1 Agent			7. Name and Ad	dress of New	Registered A	gent	·
					Name					
BROWN, STEPHANIE 1098 PAUL RUSSELL ROAD TALLAHASSEE, FL 32301				Street /	Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Cod	e
	named entity submits this statement ions of registered agent.	for the purpo	se of changing its i	registered office of	or register	red agent, or both, i	n the State of F	lorida. I am I	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if appl	cable (NOTE	Registered Agent signs	iture required	d when reinstating)		DATE		
Filing Fee is \$61.25 Due by September 14, 2007			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 E	<del></del>	11.		ADDITIONS/CHAN	SES TO OFFIC	FRS AND DIE	RECTORS IN	10	
	САТВ	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Прин	1	T .	1.0000,070,070	320 10 01110			Addition
TITLE			☐ Delete	TITLE					Change	Audilion
NAME	BROWN, STEPHANIE			NAME						
STREET ADDRESS	1098 PAUL RUSSEL ROAD			STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP						
TITLE	СТ		Delete	TITLE					Change	Addition
NAME	SWINDELL, SALESIA			NAME						
STREET ADDRESS	1098 PAUL RUSSELL ROAD			STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP						
TITLE	P		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	BROWN, MELVIN T		L Delete	NAME					onlange	
STREET ADDRESS	1098 PAUL RUSSELL ROAD			STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP						
				_						TT Addition
TITLE	CT HARDNETT, FELICIA		☐ Delete	TITLE	İ				☐ Change	☐ Addition
NAME				NAME						
STREET ADDRESS	1098 PAUL RUSSELL ROAD			STREET ADDRESS						
CITY-ST-ZIP				OUTLY OF THE						
	TALLAHASSEE, FL 32301			CITY-ST-ZIP	ļ					
TITLE			☐ Delete	CITY-ST-ZIP TITLE	A	motte Collawa	y-Church	Trustee	☐ Change	Addition
TITLE NAME			☐ Delete	TITLE NAME	Ar	Inette Callawa	y-Church	Trustee	☐ Change	Addition
NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS	An 10°	Inette Callawa 98 Paul Russe	y-Church	Trustee	☐ Change	Addition
NAME			☐ Delste	TITLE NAME	Ar 10'	Inette Callawa 98 Paul Russe allahassee i F	y-Churh' 11 Road L 32301	Trustee	☐ Change	Addition
NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS	An 10° Ta	Inette Callawa 98 Paul Russe allahossee <sub>I</sub> F	y-Churh' 11 Road 11 32301	Trustee	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	An 10° To	Inette Callawa 98 Paul Russe allahossee <sub>I</sub> F	y-Church' 11 Road 12 32301	Trustee		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ar 10° Ta	Inette Callawa 98 Paul Russe Allahossee <sub>I</sub> F	y-Church' 11 Road 12 32301	Trustee		
NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Ar 10° Ta	Inette Callawa 98 Paul Russe Allahossee <sub>I</sub> F	y-Church'll Road L 3230(	Trustee		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR