

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90883 024 \*\*\*\*61.25

**DOCUMENT # NO 1000003535**

1. Entity Name

*Relationship Restoration Ministry, Inc* ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*416 Hickory Rd.*

3. Mailing Address

*416 Hickory Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Apopka, FL*

City & State

*Apopka, FL*

4. FEI Number

*59-3715181*

Applied For

Not Applicable

Zip

*32712*

Country

*USA*

Zip

*32712*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*DONNA B. RENZETTI*

Street Address (P.O. Box Number is Not Acceptable)

*416 Hickory Road*

City

*Apopka*

**FL**

Zip Code

*32712*

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.

SIGNATURE

*DONNA B. RENZETTI*

*Donna B. Renzetti*

*4/29/02*

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

|                |                                  |
|----------------|----------------------------------|
| TITLE          | <i>President &amp; Secretary</i> |
| NAME           | <i>DONNA B. RENZETTI</i>         |
| STREET ADDRESS | <i>416 Hickory Rd</i>            |
| CITY-ST-ZIP    | <i>Apopka, FL 32712</i>          |
| TITLE          | <i>V. E. T.</i>                  |
| NAME           | <i>Robert O. Renzetti</i>        |
| STREET ADDRESS | <i>416 Hickory Rd.</i>           |
| CITY-ST-ZIP    | <i>Apopka, FL 32712</i>          |
| TITLE          | <i>D.</i>                        |
| NAME           | <i>Gail C. Hamilton</i>          |
| STREET ADDRESS | <i>1811 Elizabeth Avenue</i>     |
| CITY-ST-ZIP    | <i>Orlando, FL 32804</i>         |
| TITLE          | <i>D.</i>                        |
| NAME           | <i>Greg Hamilton</i>             |
| STREET ADDRESS | <i>1811 Elizabeth Ave.</i>       |
| CITY-ST-ZIP    | <i>Orlando, FL 32804</i>         |
| TITLE          | <i>D.</i>                        |
| NAME           | <i>William Johnston, Esq.</i>    |
| STREET ADDRESS | <i>303 E. NEW ENGLAND AVE.</i>   |
| CITY-ST-ZIP    | <i>WORTHINGTON, OH 43085</i>     |
| TITLE          | <i>D.</i>                        |
| NAME           | <i>PAMELA JOHNSTON</i>           |
| STREET ADDRESS | <i>303 E. NEW ENGLAND AVE.</i>   |
| CITY-ST-ZIP    | <i>WORTHINGTON, OH 43085</i>     |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
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| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Donna B. Renzetti*

CR2E037B (12/01)

ATTACH # NO 1000003535 / 663278

Uniform Business Report (UBR)

Relationship Restoration Ministry, Inc.  
FEI: 59-3715181

Officers and Directors:

Title: D  
Name: Dale Grant  
Address: 1762 Markham Glen Circle,  
City, St., Zip Longwood, FL 32779

Title: D  
Name: Edwina Grant  
Address: 1762 Markham Glen Circle,  
City, St., Zip Longwood, FL 32779