

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

07-07-2003 90140 023 *****70.00

DOCUMENT # NO2000001225

1. Entity Name

RESTORATION MINISTRIES CENTER, INC



Principal Place of Business

**1500 NORTH CONGRESS AVE
C-23
WEST PALM BEACH FL 33401**

Mailing Address

**1500 NORTH CONGRESS AVE
C-23
WEST PALM BEACH FL 33401**

55053116



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0614174

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

**DAVIS, REGINALD K SR
1500 NORTH CONGRESS AVE
C-23
WEST PALM BEACH FL 33401**

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **KENDRICK, ALTERMEASE**
STREET ADDRESS **5241 W. LAKES DR**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442** "D"

TITLE **V** ☐ Delete
NAME **EASLEY, JAMES B**
STREET ADDRESS **2631 AVE R, CONDO B**
CITY-ST-ZIP **RIVIERA BEACH FL 33404** "D"

TITLE **S** ☒ Delete
NAME **LIEBMAN, KAREN**
STREET ADDRESS **10412 IBIS RESERVE CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S.** ☐ Change ☒ Addition
NAME **Vivian Brown** "D"
STREET ADDRESS **1500 N. Congress Ave. C-32**
CITY-ST-ZIP **West Palm Beach, FL 33401**

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

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

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STREET ADDRESS
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

7/30/03 (561) 659-7166

CR2E037 (4/03)


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/7

Attachment #

55053114

☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # N02000001225					
1. Entity Name RESTORATION MINISTRIES CENTER, INC.					
Principal Place of Business 1500 NORTH CONGRESS AVE C-23 WEST PALM BEACH FL 33401			Mailing Address 1500 NORTH CONGRESS AVE C-23 WEST PALM BEACH FL 33401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 02-0614174	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, REGINALD K SR 1500 NORTH CONGRESS AVE C-23 WEST PALM BEACH FL 33401				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 _____ <small>Signature, typed or printed name of registered agent and one if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		55.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	KENDRICK, ALTERMASE	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
STREET ADDRESS		5241 W. LAKES DR		TITLE	S
CITY-ST-ZIP		DEERFIELD BEACH FL 33442		NAME	Vivian Brown "D"
				STREET ADDRESS	1500 N. Congress Ave, unit C-32
				CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	V	EASLEY, JAMES B	<input type="checkbox"/> Delete		
STREET ADDRESS		2831 AVE R CONDO B			
CITY-ST-ZIP		RIVIERA BEACH FL 33404			
TITLE	S	LIEBMAN, KAREN	<input checked="" type="checkbox"/> Delete		
STREET ADDRESS		10412 IBIS RESERVE CIRCLE			
CITY-ST-ZIP		WEST PALM BEACH FL 33412			
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: REGINALD K DAVIS 7/18/03					
Date: 7/3/03 Daytime Phone: 561-478-9908					

CR2E037 (10/02)