

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000002671

1. Entity Name

RESTORATION DELIVERANCE WORD MINISTRY, INC.



**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

19420 NW 21 AVE  
MIAMI FL 33056

Mailing Address

19420 NW 21 AVE  
MIAMI FL 33056



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

56-2302124

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAHAM, VERA  
19420 NW 21 AVE  
MIAMI FL 33056

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 re-registering)

DATE

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DP  
GRAHAM, VERA  
19420 NW 21 AVE  
MIAMI FL 33056

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DV  
SOLMON, MERLINE  
2917 DOLPHIN DR  
OPA LOCKA FL 33056

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DS  
NEUFVILLE, KAREN  
705 NW 185 TERR  
OPA LOCKA FL 33056

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
ST  
SALMON, STEPHEN  
2917 DOLPHIN DR  
HOLLYWOOD FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
BRYCE, PAULINE  
308 W DOUGHIAN VILLA DRD  
LEHIGH ACRES FL 33936

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
JOHNSON, CAROL  
5900 TOWNSEND RD APT 1016  
JACKSONVILLE FL 32244

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U000000728635  
05/08/07-80008-002 66.25

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

Vera Graham

4/19/07

1305625-2540