

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90114 018 ****66.25

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1. Entity Name

RESTORATION DELIVERANCE WORD MINISTRY, INC.



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.

City & State

City & State

Zip

Country

Zip

Country

41



1st MOORE

CR2E037 (10/07)

4. FEI Number

56-2302124

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

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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

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

4/18/08