

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002671

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** RESTORATION DELIVERANCE WORD MINISTRY, INC.

**Current Principal Place of Business:**

19420 NW 21 AVE  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

19420 NW 21 AVE  
MIAMI, FL 33056

**New Mailing Address:**

**FEI Number:** 56-2302124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GRAHAM, VERA  
19420 NW 21 AVE  
MIAMI, FL 33056 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GRAHAM, VERA  
Address: 19420 NW 21 AVE  
City-St-Zip: MIAMI, FL 33056

Title: DV ( ) Delete  
Name: SOLMON, MERLINE  
Address: 2917 DOLPHIN DR  
City-St-Zip: OPA LOCKA, FL 33056

Title: DS ( ) Delete  
Name: NEUFVILLE, KAREN  
Address: 705 NW 185 TERR  
City-St-Zip: OPA LOCKA, FL 33056

Title: ST ( ) Delete  
Name: SALMON, STEPHEN  
Address: 2917 DOLPHIN DR  
City-St-Zip: HOLLYWOOD, FL 33025

Title: D ( ) Delete  
Name: BRYCE, PAULINE  
Address: 308 W DOUGHIAN VILLA DRD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete  
Name: JOHNSON, CAROL  
Address: 5900 TOWNSEND RD APT 1016  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERA GRAHAM

DP

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date