

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003106

FILED
Apr 08, 2004
Secretary of State**Entity Name:** RESTORATION COUNSELING MINISTRIES, INC.**Current Principal Place of Business:**140 N ORLANDO AVE
STE 160
WINTER PARK, FL 32739**New Principal Place of Business:**140 N ORLANDO AVE
STE 150-29
WINTER PARK, FL 32739**Current Mailing Address:**3526 MOLONA DRIVE
ORLANDO, FL 32837**New Mailing Address:****FEI Number:** 01-0675891**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HODGES, GEORGE
585 S RONALD REAGAN BLVD
STE 121
LONGWOOD, FL 32750 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: PD () Delete
Name: MARIADES, HELENA M REV
Address: 3526 MOLONA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: DVT () Delete
Name: MARIADES, PETER C REV
Address: 3526 MOLONA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: HARPER, CHERYL
Address: 3944 LA VERNE WAY
City-St-Zip: SACRAMENTO, CA 95864

Title: D (X) Delete
Name: KRAMER, ALMA
Address: 3808 BOTTICELLI ST
City-St-Zip: LAKE ORANGE, OR 97035

Title: DS (X) Delete
Name: GAMMICHIA, JOANN
Address: 3417 MT BERWICK DR
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete
Name: GAMMICHIA, VICTOR
Address: 3417 MT BERWICK DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MARIADES, HELENA M REV
Address: 3526 MOLONA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Change () Addition
Name: HARPER, CHERYL REV
Address: 3944 LA VERNE WAY
City-St-Zip: SACRAMENTO, CA 95864

Title: D (X) Change () Addition
Name: KRAMER, ALMA
Address: 3808 BOTTICELLI STREET
City-St-Zip: LAKE OSWEGO, OR 97035

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 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 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: HELENA M MARIADES

PRES

04/08/2004

Electronic Signature of Signing Officer or Director

Date