2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# N02000003106

Entity Name: RESTORATION COUNSELING MINISTRIES, INC.

Current Principal Place of Business:

5401 S. KIRKMAN ROAD
STE 310
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 S. KIRKMAN ROAD
SUITE 310
ORLANDO, FL 32819

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:

MARIADES, PETER C REV
3526 MOLONA DRIVE
ORLANDO, FL 32837 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:	PSTD	( ) Delete
Name:	MARIADES, HELENA M REV	
Address:	3526 MOLONA DRIVE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	D	(X) Delete
Name:	HARPER, CHERYL REV	
Address:	3944 LA VERNE WAY	
City-St-Zip:	SACRAMENTO, CA 95864	
Title:	D	( ) Delete
Name:	KRAMER, ALMA	
Address:	3808 BOTTICELLI STREET	
City-St-Zip:	LAKE OSWEGO, OR 97035	
Title:	DVP	( ) Delete
Name:	MARIADES, PETER C REV	
Address:	3526 MOLONA DRIVE	
City-St-Zip:	ORLANDO, FL 32837	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: REV. PETER C. MARIADES DVP 01/24/2007
Electronic Signature of Signing Officer or Director — Date