

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

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90079 039 ****62.00

DOCUMENT # N02000003749

1. Entity Name

RESTORATION AND DELIVERANCE WORSHIP CENTER,
INC.



Principal Place of Business

Mailing Address

1805 S. IVEY LANE
ORLANDO FL 32811

1805 S. IVEY LANE
ORLANDO FL 32811

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

4. FEI Number

04-3701671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, DOROTHY M
%ST.LUKE MISSIONARY BAPTIST CHURCH
1404 BRUTON BLVD.
ORLANDO FL 32805

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

Dorothy Mason (Dorothy Mason)

4-17-07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP ☐ Delete
NAME: MASON, DOROTHY M
STREET ADDRESS: 1805 S IVEY LN
CITY - ST - ZIP: ORLANDO FL 32811

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

TITLE: DVP ☐ Delete
NAME: MASON, RONDA
STREET ADDRESS: 1805 S IVEY LN
CITY - ST - ZIP: ORLANDO FL 32811

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

TITLE: S ☐ Delete
NAME: WILLIAMS, BARBARA
STREET ADDRESS: 7173 CORAL COVE
CITY - ST - ZIP: ORLANDO FL 32805

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

TITLE: D ☐ Delete
NAME: MASON, YVETTE
STREET ADDRESS: 1805 S IVEY
CITY - ST - ZIP: ORLANDO FL 32811

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

TITLE: D ☐ Delete
NAME: WHITE, GENEUA
STREET ADDRESS: 4532 WHEATLEY ST.
CITY - ST - ZIP: ORLANDO FL 32811

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

TITLE: T ☐ Delete
NAME: THOMAS, ASHLEY
STREET ADDRESS: 4231 SCHANK CT.
CITY - ST - ZIP: ORLANDO FL 32811

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Dorothy Mason (Dorothy Mason)

4-17-07

407
6-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #