2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N02000003749

Entity Name: RESTORATION AND DELIVERANCE WORSHIP CENTER, INC.

Current Principal Place of Business:

1805 S. IVEY LANE
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

1805 S. IVEY LANE
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 04-3701671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MASON, DOROTHY M
%ST.LUKE MISSIONARY BAPTIST CHURCH
1404 BRUTON BLVD.
ORLANDO, FL 32805 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:	MASON, DOROTHY M	
Address:	1805 S IVEY LN	
City-St-Zip:	ORLANDO, FL 32811	
Title:	DVP	( ) Delete
Name:	MASON, RONDA	
Address:	1805 S IVEY LN	
City-St-Zip:	ORLANDO, FL 32811	
Title:	S	( ) Delete
Name:	WILLIAMS, BARBARA	
Address:	7173 CORAL COVE	
City-St-Zip:	ORLANDO, FL 32805	
Title:	D	( ) Delete
Name:	MASON, YVETTE	
Address:	1805 S IVEY	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	WHITE, GENEUA	
Address:	4532 WHEATLEY ST.	
City-St-Zip:	ORLANDO, FL 32811	
Title:	T	( ) Delete
Name:	THOMAS, ASHLEY	
Address:	4231 SCHANK CT.	
City-St-Zip:	ORLANDO, FL 32811	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	TRAAVIS, MASON	
Address:	1805 IVEY LANE	
City-St-Zip:	ORLANDO, FL 32811	
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: DOROTHY MASON MRS. 05/02/2009
Electronic Signature of Signing Officer or Director — Date