
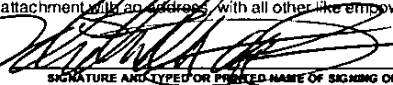


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 022 ****70.00

DOCUMENT # N03000000091 1. Entity Name RESTORATION FAMILY MINISTRIES, INC.					
Principal Place of Business P.O. BOX 1423 DADE CITY, FL 33526			Mailing Address P.O. BOX 1423 DADE CITY, FL 33526		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02112006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 42-1567072	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FAUGHNAN, JOHN J REV. 12325 HWY 301 DADE CITY, FL 33525				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAUGHNAN, JOHN J REV.		NAME		
STREET ADDRESS	P.O. BOX 1423		STREET ADDRESS		
CITY - ST - ZIP	DADE CITY, FL 33526		CITY - ST - ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAUGHNAN, MICHELLE E		NAME		
STREET ADDRESS	P.O. BOX 1423		STREET ADDRESS		
CITY - ST - ZIP	DADE CITY, FL 33526		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRELL, BILLY C		NAME		
STREET ADDRESS	34934 LOUISE ST		STREET ADDRESS		
CITY - ST - ZIP	DADE CITY, FL 33523		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D MERRELL, LYNN M.	
STREET ADDRESS			STREET ADDRESS	34934 LOUISE ST	
CITY - ST - ZIP			CITY - ST - ZIP	DADE CITY, FL 33523	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			MICHELLE FAUGHNAN 2/20/06 (352) 467-0774		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		