

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-02-2004 90072 018 *****70.00

DOCUMENT # N03000002094

1. Entity Name
RESTORATION MINISTRIES OF CHRIST, INC.



Principal Place of Business
**37 HIBISCUS STREET
BELLE GLADE, FL 33430**

Mailing Address
**37 HIBISCUS STREET
BELLE GLADE, FL 33430**

36434033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

03-0508512

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASLEM, IZELL
37 HIBISCUS STREET
BELLE GLADE, FL 33430**

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

Signature, typed or printed name of registered agent and fee filer.

(If filer is Registered Agent, signature required when changing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO HASLEM, IZELL 37 HIBISCUS STREET BELLE GLADE, FL 33430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD HASLEM, PATRICIA 37 HIBISCUS STREET BELLE GLADE, FL 33430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCDONALD, MONIQUE 37 HIBISCUS STREET BELLE GLADE, FL 33430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Izell Haslem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Agent



Attachment
00434099

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 8, 2004

RESTORATION MINISTRIES OF CHRIST, INC.
37 HIBISCUS STREET
BELLE GLADE, FL 33430

Subject: RESTORATION MINISTRIES OF CHRIST, INC.

Reference Number: N03000002094

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION