
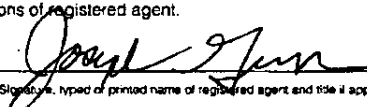



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90343 018 \*\*\*\*70.00

<b>DOCUMENT # N03000003648</b>					
1. Entity Name <b>RESTORATION CHURCHES &amp; MINISTRIES, INC.</b>					
Principal Place of Business <b>747 S FEDERAL HWY DEERFIELD BEACH FL 33441</b>			Mailing Address <b>747 S FEDERAL HWY DEERFIELD BEACH FL 33441</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>54-2111218</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ACCUPLY SERVICES CORP.</b> <b>4801 S UNIVERSITY DR</b> <b>DAVIE FL 33328</b>				Name <b>Joseph - Guadagnino</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>1081 SW 19 Street</b>	
				City <b>Boca Raton</b>	FL Zip Code <b>33486</b>
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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete <b>GUADAGNINO, DR JOSEPH</b> <b>1081 SW 19 ST</b> <b>BOCA RATON FL 33486</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>WELLS, REV ANDREW J</b> <b>4031 NE 2 WAY</b> <b>POMPANO BEACH FL 33064</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>STEVENS, REV DWIGHT</b> <b>139 N COUNTY RD</b> <b>PALM BEACH FL 33480</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>DRABIK, REV THOMAS</b> <b>738 SE 10 TERR</b> <b>DEERFIELD BEACH FL 33441</b>				
TITLE	<b>D</b> <input type="checkbox"/> Delete <b>DOLAN, REV DAVID</b> <b>760 NW 4 CT</b> <b>BOCA RATON FL 33432-1</b>				
TITLE	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Mrs. Tina Slaughter</b> <b>2670 NW 123 Drive</b> <b>CORAL SPRINGS, FL 33065</b>				
TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joseph Guadagnino, Dr</b> <b>1081 SW 19 Street</b> <b>Boca Raton, FL 33486</b>				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					