2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003648

FILED Mar 11, 2009 Secretary of State

Entity Name: RESTORATION CHURCHES & MINISTRIES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ERAL HWY D BEACH, FL	33441			
Current Mailing Address:			New Mailing Address:		
	ERAL HWY D BEACH, FL	33441			
FEI Number:	54-2111218	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
GUADAGNINO, JOSEPH 1081 SW 19 STREET BOCA RATON, FL 33486 US 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:					
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	T () I SLAUGHTER, TII 2670 NW 123 DI CORAL SPRING	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () I GUADAGNINO, J 1081 SW 19 STE BOCA RATON, F	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I STEVENS, REV 139 N COUNTY I PALM BEACH, F	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DRABIK, REV TH 738 SE 10 TERF DEERFIELD BE	₹	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I WELLS, ANDRE 4031 NE 2ND W POMPANO BEAG	AY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TINA SLAUGHTER T 03/11/2009