## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004127

FILED Apr 26, 2006 Secretary of State

Entity Name: RESTORERS FAITH INTERNATIONAL CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

20 LANGDON DRIVE 4422 US 1 NORTH PALM COAST, FL 32137 PALM COAST, FL 32137

Current Mailing Address: New Mailing Address:

20 LANGDON DRIVE 133 POWELL BLVD PALM COAST, FL 32137 16-208

DAYTONA BEACH, FL 32114

FEI Number: 33-1092509 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, DWAYNE E PASTOR

1400 SOUTH NOVA ROAD, APT.317

DAYTONA BEACH, FL 32114 US

ADAMS, DWAYNE E PASTOR

133 POWELL BLVD.

16-208

DAYTONA BEACH, FL 32114 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: 04/26/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: AD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 ADAMS, DWAYNE E
 Name:
 ADAMS, DWAYNE E

 Address:
 1400 S NOVA RD, APT 371
 Address:
 133 POWELL BLVD, APT 16-208

 City-St-Zip:
 DAYTONA BEACH, FL 32114
 City-St-Zip:
 DAYTONA BEACH, FL 32114

Title: VPTD () Delete Title: VPTD (X) Change ( ) Addition Name: FERRELL, DAVID Name: ADAMS, DAWN D MRS Address: 20 LANGDON DR Address: 133 POWELL BLVD. APT 16-208 City-St-Zip: PALM COAST, FL 32137 City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the 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: DWAYNE ADAMS PD 04/26/2006