

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006069

FILED
May 14, 2007
Secretary of State

Entity Name: RESTORATION OUTREACH FELLOWSHIP, INC.

Current Principal Place of Business:

1050 N.W. 196TH STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1050 N.W. 196TH STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 35-2259213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEWIS, CAMILLE
1050 N.W. 196TH STREET
MIAMI, FL 33169 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LEWIS, CAMILLE
Address: 1050 N.W. 196TH STREET
City-St-Zip: MIAMI, FL 33169

Title: V.P () Delete
Name: JACKSON, TRACEY
Address: 19035 N.W. 10TH PLACE
City-St-Zip: MIAMI, FL 33169

Title: S/T () Delete
Name: STORR, SHARON
Address: 5815 N.W. 12TH AVE #22
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAMILLE LEWIS

PRES

05/14/2007

Electronic Signature of Signing Officer or Director

Date