

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010736

FILED
Apr 08, 2008
Secretary of State

Entity Name: RESTORATION ROADS MINISTRY, INC.

Current Principal Place of Business:

P.O. BOX 511056
PUNTA GORDA, FL 339511056

New Principal Place of Business:

3506 MARSALA ST
PUNTA GORDA, FL 33950 US

Current Mailing Address:

P.O. BOX 511056
PUNTA GORDA, FL 339511056

New Mailing Address:

P.O. BOX 511506
PUNTA GORDA, FL 339511506 US

FEI Number: 65-1262447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROMILLO, ANA M
3506 MARSALA ST.
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: DT () Delete
Name: NEMAZIE, PATRICIA
Address: 3506 MARSALA ST.
City-St-Zip: PUNTA GORDA, FL 33950

Title: DS () Delete
Name: HENSLEY, COLEEN
Address: 12202 PARAMOUNT DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: DP () Delete
Name: ROMILLO, ANA M
Address: 2120 LUCKY STREET
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DVP () Delete
Name: QUIGLEY, EDWIN J
Address: 3259 VILLAGE LANE
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: NEMAZIE, PATRICIA
Address: 3506 MARSALA ST.
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: DS (X) Change () Addition
Name: HENSLEY, COLEEN
Address: 12202 PARAMOUNT DRIVE
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: DP (X) Change () Addition
Name: ROMILLO, ANA M
Address: 2120 LUCKY STREET
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: DVP (X) Change () Addition
Name: QUIGLEY, EDWIN J
Address: 3259 VILLAGE LANE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

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: ANA M. ROMILLO

DP.

04/08/2008

Electronic Signature of Signing Officer or Director

Date