

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004029

FILED
Jan 24, 2007
Secretary of State

Entity Name: RESTORATION BAPTIST CHURCH, INC.

Current Principal Place of Business:

5883 COPPER CREEK DRIVE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

5883 COPPER CREEK DRIVE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 22-3928176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRATCHER, DONNA S
5883 COPPER CREEK DRIVE
JACKSONVILLE, FL 32218 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: D () Delete
Name: BRATCHER, CHARLES R
Address: 5883 COPPER CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: LEWIS, GLEN
Address: 54433 FOURACRE CIRCLE
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: HARPER, JEFFREY
Address: 421 SHAMROCK AVE.
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: BRATCHER, DONNA S
Address: 5883 COPPER CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: BAGLEY, BOBBY
Address: 11845 LEAFDALE CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32218

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:

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 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: DONNA S. BRATCHER

S

01/24/2007

Electronic Signature of Signing Officer or Director

Date