

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012296

FILED
Apr 25, 2009
Secretary of State

Entity Name: RESTORING YOUR LIFE MINISTRIES, INC.

Current Principal Place of Business:

5721 JOANN ROAD
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

5721 JOANN ROAD
HAINES CITY, FL 33844

New Mailing Address:

5721 JOANN RD
HAINES, FL 33844

FEI Number: 83-0448155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGGARD, CATHERINE
5721 JOANN ROAD
HAINES CITY, FL 33844 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: P () Delete
Name: MAGGARD, CATHERINE
Address: 5721 JOANN ROAD
City-St-Zip: HAINES CITY, FL 33844

Title: VP () Delete
Name: GRIFFITH, SHIRLEY
Address: 1005 MARTY LANE
City-St-Zip: BARTOW, FL 33830

Title: S () Delete
Name: HIGGINS, MERCEDES
Address: P.O. BOX 281
City-St-Zip: LAKE HAMILTON, FL 33837

Title: FM () Delete
Name: STEWART, FRANCES
Address: 912 HUCKLEBERRY ROAD
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: ESTABROOK, BARBARA S
Address: 1145 E HILL COURT
City-St-Zip: BARTOW, FL 33830

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: T () Change (X) Addition
Name: SEXTON, MARY
Address: 2015 AMESBURY DR
City-St-Zip: AUBURNDAL, FL 33853

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: MARY SEXTON

T

04/25/2009

Electronic Signature of Signing Officer or Director

Date