

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012296

FILED  
Apr 19, 2011  
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 RD  
HAINES, FL 33844

**New Mailing Address:**

**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  
Name: MAGGARD, CATHERINE  
Address: 5721 JOANN ROAD  
City-St-Zip: HAINES CITY, FL 33844

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

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

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

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

Title: T  
Name: SEXTON, MARY  
Address: 2015 AMESBURY DR  
City-St-Zip: AUBURNDAL, FL 33853

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE MAGGARD

P

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date