

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013060

FILED
Apr 24, 2007
Secretary of State

Entity Name: A PLACE OF RESTORATION MINISTRIES INC.

Current Principal Place of Business:

6060 SW 7TH ST
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

PO BOX 770263
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 20-8143805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRANT, DENNIS
273 NW 80TH TERRACE
MARGATE, FL 33063 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: GRANT, DENNIS
Address: 273 NW 80TH TERRACE
City-St-Zip: MARGATE, FL 33063

Title: V () Delete
Name: GRANT, YVONNE
Address: 273 NW 80TH TERRACE
City-St-Zip: MARGATE, FL 33063

Title: ST () Delete
Name: OVERTON, MARCIA
Address: 16233 SW 18TH PL
City-St-Zip: MIRAMAR, FL 33027

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 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: MARCIA OVERTON

ST

04/24/2007

Electronic Signature of Signing Officer or Director

Date