## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000013060

FILED Apr 30, 2009 Secretary of State

Entity Name: A PLACE OF RESTORATION MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business:

6535 W. COMMERCIAL BLVD. 6535 W. COMMERCIAL BLVD.

MARGATE, FL 33319 TAMARAC, FL 33319

Current Mailing Address: New Mailing Address:

PO BOX 770263 PO BOX 770993

CORAL SPRINGS, FL 33077 CORAL SPRINGS, FL 33077

FEI Number: 20-8143805 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANT, DENNIS GRANT, DENNIS 273 NW 80TH TERRACE 12782 NW 13TH COURT

MARGATE, FL 33063 US CORAL SPRINGS, FL 33071 US

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: DENNIS GRANT 04/30/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 GRANT, DENNIS
 Name:
 GRANT, DENNIS

 Address:
 273 NW 80TH TERRACE
 Address:
 12782 NW 13TH COURT

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 CORAL SPRINGS, FL 33071

Title: V ( ) Delete Title: V (X) Change ( ) Addition

 Name:
 GRANT, YVONNE
 Name:
 GRANT, YVONNE

 Address:
 273 NW 80TH TERRACE
 Address:
 12782 NW 13TH COURT

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 CORAL SPRINGS, FL 33071

Title: ST () Delete Title: () Change () Addition

 Name:
 OVERTON, MARCIA
 Name:

 Address:
 16233 SW 18TH PL
 Address:

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 GRANT, DELANO
 Name:

 Address:
 273 NW 80TH TERRACE
 Address:

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:

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: MARCIA OVERTON ST 04/30/2009