

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N07000001308

Entity Name: RESTORATION WORSHIP CENTER, INC.

Current Principal Place of Business:

3401 NE 3 AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

7817 SHALIMAR STREET
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 83-0472482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCOIS, DUVARD
7817 SHALIMAR STREET
MIRAMAR, FL 33023 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: PD () Delete
Name: FRANCOIS, DUVARD
Address: 7817 SHALIMAR STREET
City-St-Zip: MIRAMAR, FL 33023

Title: TD () Delete
Name: BLANC, ALTAGRACE A
Address: 7817 SHALIMAR ST
City-St-Zip: MIRAMAR, FL 3

Title: TD () Delete
Name: FRANCOIS, SARA R
Address: 7817 SHALIMAR STREET
City-St-Zip: MIRAMAR, FL 33023

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 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: DUVARD FRANCOIS

PD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date