

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001485

FILED
Apr 27, 2009
Secretary of State

Entity Name: RESTORED GLORY CHRISTIAN CENTER, INC.

Current Principal Place of Business:

8839 SAPPHIRE DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

8839 SAPPHIRE DR
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

YON, EDDIE L
8839 SAPPHIRE DR
TALLAHASSEE, FL 32309 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: D () Delete
Name: YON, EDDIE L
Address: 8839 SAPPHIRE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: YON, VERINICA A
Address: 8839 SAPPHIRE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: CLEMONS, CHERYL
Address: 17242 HWY 90 W
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: GARCIA, ERNEST
Address: 253 GLOVER LN.
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: LYONS, LEE
Address: 4345 COOL EMERALD DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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: EDDIE YON

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date