

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009902

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE RESTORED GLORY OUTREACH CENTER, INCORPORATED

**Current Principal Place of Business:**

1287 SOUTH JEFFERSON STREET  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 219  
MONTICELLO, FL 323450219

**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, VERONICA  
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

**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: EDDIE YON

D

04/27/2009

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

\_\_\_\_\_  
Date