FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:10

DOCUMENT # N08836 (1)

1. Corporation Name

RESTORATION COMMUNITY CHURCH OF SEMINOLE COUNTY, INC.

Principal Place of Business	Mailing Address
RESTORATION COMMUNITY CHURCH LAKE MARY FL 32746 US	157 OAK VIEW CIRCLE LAKE MARY FL 32746 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Restoration Community Church	2a. Mailing Address 26 3250 Laredo Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Deltona, Fl.	City & State 28 Deltona, Fl.
Zip / Country 24 32738 / 25 US	Zip / Country 29 32738 / 30 US

3. Date Incorporated or Qualified: 04/19/1985
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2515694 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAISANEN, PHILIP C 157 OAK VIEW CIRCLE LAKE MARY FL 32746	81 Name: Waisanen, Philip C. 82 Street Address (P.O. Box Number is Not Acceptable): 3250 Laredo Dr. 83 84 City: Deltona FL 85 Zip Code: 32738

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Philip C. Waisanen — 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	VP (D)	☒ Change ☐ Addition
NAME	WAISANEN, DELORISE	12 NAME	Waisanen, Delorise	
STREET ADDRESS	157 OAK VIEW CIRCLE	13 STREET ADDRESS	3250 Laredo Dr.	
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	Deltona, Fl. 32738	
TITLE	SD	21 TITLE	SD (D)	☒ Change ☐ Addition
NAME	FOSTER, ALLEN R	22 NAME	Bennett, Ray	
STREET ADDRESS	1501 LAKE DR	23 STREET ADDRESS	621 Camelia Ct.	
CITY-ST-ZIP	CASSELBERRY FL	24 CITY-ST-ZIP	Sanford, Fl. 32773	
TITLE	PTD	31 TITLE	PTD (D)	☒ Change ☐ Addition
NAME	WAISANEN, PHILIP C	32 NAME	Waisanen, Philip C.	
STREET ADDRESS	157 OAK VIEW CIRCLE	33 STREET ADDRESS	3250 Laredo Dr.	
CITY-ST-ZIP	LAKE MARY FL	34 CITY-ST-ZIP	Deltona, Fl. 32738	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip C. Waisanen — 4/17/95 — (904) 789-9537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031506