

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08836

(1)

1. Corporation Name

RESTORATION COMMUNITY CHURCH OF SEMINOLE COUNTY,
INC.

Principal Place of Business

RESTORATION COMMUNITY CHURCH
DELTONA FL 32738
US

Mailing Address

3250 LAREDO DR
DELTONA FL 32738
US



3. Date Incorporated or Qualified
04/19/1985

3a. Date of Last Report
06/22/1995

2. Principal Place of Business

21 Sanford, FL 32771

2a. Mailing Address

26 300 S. Mellonville Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sanford

City & State

28 Sanford, FL

Zip

24 32771

Country

25 US

Zip

29 32771

Country

30 US

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WAISANEN, PHILIP C
3250 LAREDO DR
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Philip C. Waisanen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE
NAME WAISANEN, DELORISE
STREET ADDRESS 3250 LAREDO DR
CITY-ST-ZIP DELTONA FL

TITLE SD ☐ DELETE
NAME BENNETT, RAY
STREET ADDRESS 621 CAMELIA CT
CITY-ST-ZIP SANFORD FL

TITLE PTD ☐ DELETE
NAME WAISANEN, PHILLIP C
STREET ADDRESS 3250 LAREDO DR
CITY-ST-ZIP DELTONA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/96 (407)328-7686

CR2E037 (12/95)