# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2010**
**Secretary of State**

DOCUMENT# N09000000077

**Entity Name:** RESTORATION HEALING AND EMPOWERMENT CENTER INC.

**Current Principal Place of Business:**

11217 FORESTDALE ROAD
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

11217 FORESTDALE ROAD
JACKSONVILLE, FL 32218 63

**Current Mailing Address:**

11217 FORESTDALE ROAD
JACKSONVILLE, FL 32218

**New Mailing Address:**

11217 FORESTDALE ROAD
JACKSONVILLE, FL 32218 63

**FEI Number: 26-4123798** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COLEMAN, FLORA D
11217 FORESTDALE ROAD
JACKSONVILLE, FL 32218 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: CEO
Name: COLEMAN, FLORA D
Address: 11217 FORESTDALE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: P
Name: COLEMAN, MARION
Address: 11217 FORESTDALE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP
Name: DAVIS, LATONYA C
Address: 9350 ARBOR OAK LANE
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: FLORA D. COLEMAN CEO 04/26/2010
Electronic Signature of Signing Officer or Director Date