

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003033

FILED  
Sep 17, 2011  
Secretary of State

**Entity Name:** RESTORING OUR RADIANCE, INC.

**Current Principal Place of Business:**

14447 AVALON RESERVE BLVD  
#203  
ORLANDO, FL 32828 US

**New Principal Place of Business:**

**Current Mailing Address:**

14447 AVALON RESERVE BLVD  
#203  
ORLANDO, FL 32828 US

**New Mailing Address:**

**FEI Number:** 27-0217633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, SHAMEKA  
14447 AVALON RESERVE BLVD  
#203  
ORLANDO, FL 32828 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:** P  
**Name:** WILLIAMS, SHAMEKA T  
**Address:** 14447 AVALON RESERVE BLVD #203  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** VP  
**Name:** WILLIAMS, CHARICHA  
**Address:** 1321 SILVERTHORN DR.  
**City-St-Zip:** ORLANDO, FL 32825 US

**Title:** D  
**Name:** CHAMBERS, GIANA N  
**Address:** 16421 N.W. 37TH COURT  
**City-St-Zip:** MIAMI, FL 33054 US

**Title:** D  
**Name:** OSBORNE-WILLIAMS, RONCHRISTOPHER  
**Address:** 14447 AVALON RESERVE BLVD #203  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** D  
**Name:** CANTEY, JAMILLA Z  
**Address:** 14447 AVALON RESERVE BLVD  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** D  
**Name:** WATSON, SHERRY T  
**Address:** 14447 AVALON RESERVE BLVD #203  
**City-St-Zip:** ORLANDO, FL 32828

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:** SHAMEKA WILLIAMS

VP

09/17/2011

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

\_\_\_\_\_  
Date