

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003246

**FILED**  
**May 28, 2012**  
**Secretary of State**

**Entity Name:** RESTORATION FELLOWSHIP WORSHIP CENTER, INC.

**Current Principal Place of Business:**

955 ELMONT STREET NW  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

955 ELMONT STREET NW  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 26-4581661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IPSEN, THOMAS  
955 ELMONT STREET NW  
PALM BAY, FL 32907 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:** PRES  
**Name:** THOMAS IPSEN  
**Address:** 955 ELMONT ST NW  
**City-St-Zip:** PALM BAY, FL 32907

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:** THOMAS IPSEN

PRES

05/28/2012

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

\_\_\_\_\_  
Date