

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008536

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** DIVINE RESTORATION WORSHIP CENTER INC.

**Current Principal Place of Business:**

300 NORTH RUES STREET  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

300 NORTH REUS STREET  
PENSACOLA, FL 32501 US

**Current Mailing Address:**

300 NORTH RUES STREET  
PENSACOLA, FL 32501 US

**New Mailing Address:**

300 NORTH REUS STREET  
PENSACOLA, FL 32501 US

**FEI Number:** 21-5731532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WRIGHT, RUTHIE A  
3219 NORTH 6TH AVE.  
PENSACOLA, FL 32503 US

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

WRIGHT, RUTHIE  
3219 NORTH 6TH AVE.  
PENSACOLA, FL 32503 US

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: RUTHIE WRIGHT

04/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WRIGHT, RUTHIE  
Address: 3219 NORTH 6TH AVE.  
City-St-Zip: PENSACOLA, FL 32503 US

Title: BISH  
Name: MARSHALL, FRED  
Address: 300 N REUS ST  
City-St-Zip: PENSACOLA, FL 32501 US

Title: BOAR  
Name: ALBRITTON, WILLIE  
Address: 670 CLEVELAND AVE  
City-St-Zip: PENSACOLA, FL 32514 US

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: RUTHIE WRIGHT

PRES

04/05/2011

Electronic Signature of Signing Officer or Director

Date