


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90045 034 \*\*\*\*70.00

<b>DOCUMENT # N14494</b> 1. Entity Name <b>RESTORATION FELLOWSHIP MINISTRIES, INCORPORATED</b>					
Principal Place of Business <b>165 N BABCOCK ST MELBOURNE FL 32935 US</b>			Mailing Address <b>P.O. BOX 673 MELBOURNE FL 32902 US</b>		
2. Principal Place of Business <b>90 East Court</b> Suite, Apt. #, etc. <b>West Melbourne,</b> City & State <b>FL</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>32904</b> Country <b>USA</b>			
4. FEI Number <b>05-0102800</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		MOORE CR2E037 (11/03)			
6. Name and Address of Current Registered Agent <b>PARKER, EARNEST 1027 LEE AVE ROCKLEDGE FL 32955</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, EARNEST 1027 LEE AVE ROCKLEDGE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARKER, EZELLA 1027 LEE AVE ROCKLEDGE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDISON, LONNIE 1223 RIVIERA DR., NE PALM BAY FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALKER, CHARLYE 705 DAVIS ST. MELBOURNE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F FUDGE, TOMMY 1127 HAMPSHIRE N.E. PALM BAY FL 32905		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DAVIS, HENRIETTA D 524 ROBERTS ST MELBOURNE FL 32901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Board Member Michael Stringfellow 2949 ROW ST. NE Palm Bay, FL. 32905</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Dr. Earnest Parker Earnest Parker</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/1/04 321-9523787</b> <small>Date Daytime Phone #</small>		

94016300

