

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N14494

1. Entity Name

RESTORATION FELLOWSHIP MINISTRIES,  
INCORPORATED



**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

90 EAST COURT  
WEST MELBOURNE FL 32904  
US

Mailing Address

P.O. BOX 673  
MELBOURNE FL 32902  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

05-0102800

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, EARNEST  
1027 LEE AVE  
ROCKLEDGE FL 32955

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, EARNEST	
STREET ADDRESS	1027 LEE AVE	
CITY-STATE-ZIP	ROCKLEDGE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKER, EZELLA	
STREET ADDRESS	1027 LEE AVE	
CITY-STATE-ZIP	ROCKLEDGE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARDISON, LONNIE	
STREET ADDRESS	1223 RIVIERA DR., NE	
CITY-STATE-ZIP	PALM BAY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, CHARLYE	
STREET ADDRESS	705 DAVIS ST.	
CITY-STATE-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FUDGE, TOMMY	
STREET ADDRESS	1127 HAMPSHIRE N.E.	
CITY-STATE-ZIP	PALM BAY FL 32905	
TITLE	BM	<input type="checkbox"/> Delete
NAME	STRINGFELLOW, MICHAEL	
STREET ADDRESS	2949 ROW ST N.E.	
CITY-STATE-ZIP	PALM BAY FL 32905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000624263	
STREET ADDRESS	02/14/07-80025-010 70:00	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

2/1/07