2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N14494

Entity Name: RESTORATION FELLOWSHIP MINISTRIES, INCORPORATED

Current Principal Place of Business:

90 EAST COURT
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 673
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 05-0102800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKER, EARNEST
1027 LEE AVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

PARKER, EARNEST
2625 ASTON CIR
MELBOURNE, FL 32940 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: _____ 03/10/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PARKER, EARNEST,
Address: 1027 LEE AVE
City-St-Zip: ROCKLEDGE, FL

Title: VD ( ) Delete
Name: PARKER, EZELLA,
Address: 1027 LEE AVE
City-St-Zip: ROCKLEDGE, FL

Title: SD ( ) Delete
Name: HARDISON, LONNIE,
Address: 1223 RIVIERA DR., NE
City-St-Zip: PALM BAY, FL

Title: TD ( ) Delete
Name: WALKER, CHARLYE,
Address: 705 DAVIS ST.
City-St-Zip: MELBOURNE, FL

Title: T ( ) Delete
Name: FUDGE, TOMMY
Address: 1127 HAMPSHIRE N.E.
City-St-Zip: PALM BAY, FL 32905

Title: BM ( ) Delete
Name: STRINGFELLOW, MICHAEL
Address: 2949 ROW ST N.E.
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PARKER, EARNEST,
Address: 2625 ASTON CIR
City-St-Zip: MELBOURNE, FL 32940

Title: VD (X) Change ( ) Addition
Name: PARKER, EZELLA,
Address: 2625 ASTON CIR
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EZELLA PARKER VP 03/10/2009
Electronic Signature of Signing Officer or Director — Date