2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# N21329

Entity Name: RESTORATION TIME DELIVERANCE CENTER, INC.

Current Principal Place of Business:

34 LEONARDI ST.
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 933
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-2818631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATKINS, FRANK
1334 N.E. 1ST AVENUE
GAINESVILLE, FL 32601 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: PD ( ) Delete
Name: WATKINS, FRANK,
Address: 1334 N.E. 1ST AVE.
City-St-Zip: GAINESVILLE, FL

Title: VD ( ) Delete
Name: WATKINS, CLARA,
Address: 1334 N.E. 1ST AVE.
City-St-Zip: GAINESVILLE, FL

Title: V ( ) Delete
Name: BRYANT, THELMA,
Address: 34 HOLMES BLVD.
City-St-Zip: ST. AUGUSTINE, FL

Title: ST ( ) Delete
Name: BLOUNT, ALMA,
Address: 135 FORD ST.
City-St-Zip: ST. AUGUSTINE, FL

Title: V ( ) Delete
Name: BLOUNT, JERRY,
Address: 135 FORD ST.
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK WATKINS PD 01/17/2006

Electronic Signature of Signing Officer or Director — Date