

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21329

FILED
Jan 15, 2012
Secretary of State

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:

34 LEONARDI ST.
ST. AUGUSTINE, FL 32085

New Mailing Address:

PO BOX 933
ST. AUGUSTINE, FL 32086

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 32641 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
Name: WATKINS, FRANK
Address: 1334 N.E. 1ST AVE.
City-St-Zip: GAINESVILLE, FL 32641

Title: VD
Name: BRYANT, THELMA
Address: 34 HOLMES BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V
Name: BAKER, LINDA
Address: 143 WEBB STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: ST
Name: FULTON, JOYCE
Address: 1002 ARDOON STREET
City-St-Zip: JACKSONVILLE, FL 32208

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: JOYCE FULTON

ST

01/15/2012

Electronic Signature of Signing Officer or Director

Date