

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90993 019 ****61.25

DOCUMENT # N38654

1. Entity Name

FORT ALAFIA RESTORATION MINISTRIES, INC.



Principal Place of Business

**410 SWILLEY RD
HWY. 39 AND SWILLEY
PLANT CITY FL 33567**

Mailing Address

**410 SWILLEY RD
HWY. 39 AND SWILLEY
PLANT CITY FL 33567**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**DIXON, RONALD C
3425 PORTER RD.
LITHIA FL 33547**

7. Name and Address of New Registered Agent

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

Ronald C. Dixon (Ronald C. Dixon)

4/18

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, 2004**

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
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
DIXON, REV RONALD C.
3425 PORTER RD.
LITHIA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
EDGE, DUANE
3119 KAYSVILLE RD.
LITHIA FL 33547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DS
MARR, TOM
2683 KEYSVILLE DRIVE
LITHIA FL 33547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
DURHAM, JEFF
4654 COPPER LANE
PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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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.

SIGNATURE:

Ronald C. Dixon (Ronald C. Dixon)

4/18

813 737- 4656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #