

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90135 010 ****61.25

DOCUMENT # N43253

1. Corporation Name

RESTORATION LIFE CHRISTIAN CENTER MINISTRIES, IN C.

492497 - 90135 - 10

Principal Place of Business

6260 N.W. 173RD ST.
#1118
HIALEAH FL 33015

Mailing Address

6260 N.W. 173RD ST.
#1118
HIALEAH FL 33015



2. Principal Place of Business

21 6210 N.W. 173RD ST.

Suite, Apt. #, etc.

22 #804

City & State

23 HIALEAH FL 33015

Zip

Country

24 33015

25

2a. Mailing Address

26 6210 N.W. 173RD ST.

Suite, Apt. #, etc.

27 #804

City & State

28 HIALEAH, FL

Zip

Country

29 33015

30

3. Date Incorporated or Qualified

05/01/1991

4. FEI Number

65-0273300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HENRY, VERNICE
6260 N.W. 173RD ST.
#1118
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
HENRY, VERNICE
STREET ADDRESS 6260 NW 173 ST., #1118
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME DS
TURNER, VERNA
STREET ADDRESS 8600 SHERMAN CIRCLE, N. #107
CITY-ST-ZIP MIRAMIR FL

TITLE ☐ DELETE

NAME DT
BROWN, ERIKA M
STREET ADDRESS 125 N.W. 109TH AVE #201
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE

NAME D
DAVIS, HELEN
STREET ADDRESS 6260 N.W. 173RD STREET #1118
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME D
SHAW, JOHN
STREET ADDRESS 355 N.W. 205TH TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP
HENRY, VERNICE
1.3 STREET ADDRESS 6210 NW 173RD ST. #804
1.4 CITY-ST-ZIP HIALEAH, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME D
SHAW, JOAN
5.3 STREET ADDRESS 355 N.W. 205TH TERRACE
5.4 CITY-ST-ZIP MIAMI FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vernice Henry SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4/28/99
Daytime Phone # 305-828-5098

CR2E037 (11/98)