

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90081 009 ****70.00

DOCUMENT # N45604

1. Entity Name

RESTORATION FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address

**2000 MT LK CUTOFF RD
 LAKE WALES FL 33853
 US**

**P.O. BOX 782
 LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

B0110192



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN, GLENDA F
 P.O. BOX 1684
 1114 HL SMITH RD
 HAINES CITY FL 33844**

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.

SIGNATURE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GRIFFEN, GLENDA	
STREET ADDRESS	1114 HL SMITH RD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILES, WINFRED	
STREET ADDRESS	21 HOLIDAY PARK	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	T	<input type="checkbox"/> Delete
NAME	KING, BUCK	
STREET ADDRESS	3226 WALK IN WATER ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	T	<input type="checkbox"/> Delete
NAME	KING, JANICE	
STREET ADDRESS	224 MYRTLE AVENUE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Glenda F. Griffin **Glenda F. Griffin** 4/26/02 863-439-1278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)