


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N45604</b>	
1. Entity Name RESTORATION FELLOWSHIP CHURCH, INC.	

Principal Place of Business 2000 MT LK CUTOFF RD LAKE WALES, FL 33853 US	Mailing Address P.O. BOX 782 LAKE WALES, FL 33853
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**DO NOT WRITE IN THIS SPACE**



07222004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GRIFFIN, GLENDA F P.O. BOX 1684 1114 HL SMITH RD HAINES CITY, FL 33844	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000169133 08/02/04-80011-015 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRIFFIN, GLENDA 1114 HL SMITH RD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILES, WINFRED 21 HOLIDAY PARK LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, BUCK 3226 WALK IN WATER ROAD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, JANICE 224 MYRTLE AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GRIFFIN, BOBBY R 1114 HL SMITH RD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u>Glenda F. Griffin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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