2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

07222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001B9133
08/02/04-80011-015 70.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GRIFFEN, GLENDA
STREET ADDRESS	1114 HL SMITH RD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	T
NAME	MILES, WINFRED
STREET ADDRESS	21 HOLIDAY PARK
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	T
NAME	KING, BUCK
STREET ADDRESS	3226 WALK IN WATER ROAD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	T
NAME	KING, JANICE
STREET ADDRESS	224 MYRTLE AVENUE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VPT
NAME	GRIFFIN, BOBBY R
STREET ADDRESS	1114 HL SMITH RD
CITY-ST-ZIP	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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #