

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N45604

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

DO NOT WRITE IN THIS SPACE



03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 re-registering)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000522664
 05/03/06-80038-015 70.00

10. OFFICERS AND DIRECTORS

TITLE: PTD
 NAME: GRIFFIN, 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, 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: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/17/06 (863) 439-1278
 Date Daytime Phone #