


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
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 | |



04072007 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

| | |
|--|-----------------------------------|
| 6. 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 Glenda F. Griffin PTD DATE 4/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD GRIFFEN, 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, 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000725238
05/03/07-20014-008 70:00

DO NOT WRITE IN THIS SPACE

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 DATE 4/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR