


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)

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 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	

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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 DATE 4/16/07 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #