2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N45604

Entity Name: RESTORATION FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

2000 MT LK CUTOFF RD
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 782
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GRIFFIN, GLENDA F
1114 H L SMITH ROAD
1114 HL SMITH RD
HAINES CITY, FL 33844 US

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.

SIGNATURE: GLENDA F. GRIFFIN 04/09/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: GRIFFEN, GLENDA
Address: 1114 HL SMITH RD
City-St-Zip: HAINES CITY, FL 33844

Title: T ( ) Delete
Name: MILES, WINFRED
Address: 21 HOLIDAY PARK
City-St-Zip: LAKE WALES, FL 33853

Title: T ( ) Delete
Name: KING, JANICE
Address: 224 MYRTLE AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: VPT ( ) Delete
Name: GRIFFIN, BOBBY R
Address: 1114 HL SMITH RD
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENDA F. GRIFFIN PTD 04/09/2008
Electronic Signature of Signing Officer or Director Date