

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000003153

Entity Name
RESTORATION FELLOWSHIP TEMPLE, INC.



Principal Place of Business
11021 N.W. 27 AVENUE
MIAMI, FL 33147 US

Mailing Address
P.O. BOX 694444
MIAMI, FL 33269 US

FILED
May 04, 2005 08:00 AM
Secretary of State



03202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0426242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, BRUCE J SR
19020 NW 23 AVE.
MIAMI, FL 33056

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PC
NAME BRUCE J. COLEMAN SR.,
STREET ADDRESS 19020 NW 23 AVE.
CITY-ST-ZIP MIAMI, FL 33056

TITLE SDT
NAME JEANNINE A. COLEMAN,
STREET ADDRESS 19020 NW 23 AVE.
CITY-ST-ZIP MIAMI, FL 33056

TITLE D
NAME DEBBIE TAVERNIER,
STREET ADDRESS 6815 SW 63 AVE.
CITY-ST-ZIP MIAMI, FL 33143

TITLE TD
NAME BETTY, COLLINS
STREET ADDRESS 1008 FOSTER ROAD, APT 2
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000361617
05/05/05-80084-014 70.00

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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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05