


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # N93000003153	
1. 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
---------------------------------------------------------------------------	----------------------------------------------------------

DO NOT WRITE IN THIS SPACE

-05032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0426242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

Filing Fee is \$61.25 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BRUCE J. COLEMAN SR., 19020 NW 23 AVE. MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT JEANNINE A. COLEMAN, 19020 NW 23 AVE. MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBBIE TAVERNIER, 6815 SW 63 AVE. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BETTY, COLLINS 1008 FOSTER ROAD, APT 2 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000563958
05/20/06-80033-013 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: 	4-29-06 (305) 626-8225
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>