

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003153

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: RESTORATION FELLOWSHIP TEMPLE, INC.

**Current Principal Place of Business:**

11021 N.W. 27 AVENUE  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 694444  
MIAMI, FL 33269 US

**New Mailing Address:**

FEI Number: 65-0426242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

COLEMAN, BRUCE J  
443 NE 195TH ST  
APT 234  
MIAMI, FL 33179 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: BRUCE J. COLEMAN

02/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: BRUCE J. COLEMAN SR.,  
Address: 19020 NW 23 AVE.  
City-St-Zip: MIAMI, FL 33056

Title: SDT ( ) Delete  
Name: JEANNINE A. COLEMAN,  
Address: 19020 NW 23 AVE.  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: DEBBIE TAVERNIER,  
Address: 6815 SW 63 AVE.  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCT (X) Change ( ) Addition  
Name: COLEMAN, BRUCE J  
Address: 443 NE 195TH ST APT 234  
City-St-Zip: MIAMI, FL 33179

Title: SDT (X) Change ( ) Addition  
Name: COLEMAN, JUANAUN  
Address: 443 NE 195TH ST APT 234  
City-St-Zip: MIAMI, FL 33179

Title: D (X) Change ( ) Addition  
Name: TAVERNIER, DEBBIE  
Address: 2560 NW 139TH ST APT 4  
City-St-Zip: OPA LOCKER, FL 33052

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: JUANAUN COLEMAN

SDT

02/16/2009

Electronic Signature of Signing Officer or Director

Date