

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004563

1. Entity Name

RESTORATION FAITH CHRISTIAN CENTER, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90209 042 ****61.25

Principal Place of Business	Mailing Address
RESTORATION FAITH CHRISTIAN CENTER 228 MASON AVENUE HOLLY HILLS FL 32117 US	% TONY A. SIMMONS, SR. P. O. BOX 10977 DAYTONA BEACH FL 32120-1977 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
Restoration Faith Center 6001 Bellevue Avenue Daytona Beach, FL 32117 USA	Tony A. Simmons, Sr. P.O. Box 10977 Daytona Bch, FL 32120-1977 USA

4. FEI Number 59-3202388	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMMONS, TONY A SR 164 SPRINGWOOD DRIVE DAYTONA BEACH FL 32121	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tony A. Simmons Sr. Date: 4/29/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 904-238-1815

CR2E037 (9/99)