

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004606 (0)

1. Corporation Name

RESTORATION CHURCH TALLAHASSEE, INC.

Principal Place of Business

548 E BRADFORD RD
TALLAHASSEE FL 32303

Mailing Address

548 E BRADFORD RD
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1993	3a. Date of Last Report 08/09/1994
4. FEI Number APPLIED FOR	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

YOUNG, DANNY H
1287 JEFFERY RD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE Marcus R. Winchester
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/28/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	11 TITLE	☒ Change ☐ Addition
NAME	12 NAME	12 NAME	
STREET ADDRESS	13 STREET ADDRESS	13 STREET ADDRESS	Delete
CITY - ST - ZIP	14 CITY - ST - ZIP	14 CITY - ST - ZIP	
TITLE	21 TITLE	21 TITLE	☐ Change ☐ Addition
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY - ST - ZIP	24 CITY - ST - ZIP	24 CITY - ST - ZIP	500001474955 85/04/95-010606-024 Addition *****61.25 *****61.25
TITLE	31 TITLE	31 TITLE	
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY - ST - ZIP	34 CITY - ST - ZIP	34 CITY - ST - ZIP	
TITLE	41 TITLE	41 TITLE	☐ Change ☒ Addition
NAME	42 NAME	42 NAME	SD TAD K. DALE
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	768 McClure Dr.
CITY - ST - ZIP	44 CITY - ST - ZIP	44 CITY - ST - ZIP	Tallahassee, FL 32312
TITLE	51 TITLE	51 TITLE	☐ Change ☐ Addition
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY - ST - ZIP	54 CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	61 TITLE	61 TITLE	☐ Change ☐ Addition
NAME	62 NAME	62 NAME	655
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	4/28/95
CITY - ST - ZIP	64 CITY - ST - ZIP	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with no addition.

SIGNATURE:

Marcus R. Winchester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
(Date)

904-666-0266
(Telephone Number)