

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90006 011 \*\*\*\*70.00

**DOCUMENT # N93000005066**

1. Entity Name

**RESTORATION MINISTRIES OF RECONCILIATION, INC.**

Principal Place of Business

**1732 NW 2ND AVE  
 OCALO FL 34478**

Mailing Address

**PO BOX 5687  
 OCALO FL 34478**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0527042**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, ANN  
 3735 W. 125TH LANE  
 OCALO FL 32113**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	EVANS, ANN	
STREET ADDRESS	3735 W. 125TH LANE	
CITY-ST-ZIP	CITRA FL 32668	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RANDY	
STREET ADDRESS	1 COURT ST.	
CITY-ST-ZIP	N. BABYLON NY 11704	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAYNE, LILIA	
STREET ADDRESS	236 E. 54TH ST.	
CITY-ST-ZIP	BROOKLYN NY 11203	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EVANS, JAMES I SR	
STREET ADDRESS	3735 NW 125TH LANE	
CITY-ST-ZIP	OCALO FL 32668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH T. EVANS	
STREET ADDRESS	1732 NW 2ND AVE	
CITY-ST-ZIP	OCALO FL 34478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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 another like empowered.

SIGNATURE:

*Ann Evans*

*May 24 2001 351-9234*

CR2E037 (10/00)