2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N93000005066

Entity Name: RESTORATION MINISTRIES OF RECONCILIATION, INC.

Current Principal Place of Business:

1732 NW 2ND AVE
OCALO, FL 34478

New Principal Place of Business:

1732 NW 2ND AVE
OCALA, FL 34478

Current Mailing Address:

PO BOX 5687
OCALO, FL 34478

New Mailing Address:

PO BOX 5687
OCALA, FL 34478

FEI Number: 65-0527042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, ANN
3735 W. 125TH LANE
OCALA, FL 32113 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EVANS, ANN
Address: 3735 W. 125TH LANE
City-St-Zip: CITRA, FL 32668

Title: VD ( ) Delete
Name: EVANS, KEITH T
Address: 172 NW 2ND AVE
City-St-Zip: OCALA, FL 34478

Title: TD ( ) Delete
Name: BAYNE, LILIA
Address: 236 E. 54TH ST.
City-St-Zip: BROOKLYN, NY 11203

Title: SD ( ) Delete
Name: EVANS, JAMES I SR
Address: 3735 NW 125TH LANE
City-St-Zip: OCALA, FL 32668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANN EVANS P 04/28/2004

Electronic Signature of Signing Officer or Director — Date