

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005066

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** RESTORATION MINISTRIES OF RECONCILIATION, INC.

**Current Principal Place of Business:**

1732 NW 2ND AVE  
OCALA, FL 34478

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5687  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 65-0527042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: PD (X) Change ( ) Addition  
Name: EVANS, ANN  
Address: 10303 76TH TERRACE  
City-St-Zip: OCALA, FL 34482

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: ETRENDIA

PD

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date