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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001266 (5)**

1. Corporation Name

RESTORE MINISTRIES, INC.



Principal Place of Business

Mailing Address

**4531 HALE ST.
PENSACOLA FL 32506**

**4531 HALE ST.
PENSACOLA FL 32506**

3. Date Incorporated or Qualified

03/10/1994

4. FEI Number

NOT APPLICABLE

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THIELE, ERIN T
4531 HALE ST.
PENSACOLA FL 32506**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Erin Thiele
Signature (Typed or printed name of registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 12, 1998

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **MCPHEE, JEAN**
CITY-ST-ZIP **4531 HALE STREET
PENSACOLA FL 32506**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **THIELE, ERIN**
CITY-ST-ZIP **4531 HALE STREET
PENSACOLA FL 32506**

TITLE ☐ DELETE
NAME **CT**
STREET ADDRESS **MCGOVERN, GRACE**
CITY-ST-ZIP **1857 ATWOOD DRIVE
PENSACOLA FL 32514**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **STOKES, JAN**
CITY-ST-ZIP **2669 RENFROE RD.
PACE FL 32571**

TITLE ☐ DELETE
NAME **TT**
STREET ADDRESS **WIGGINS, JUDY**
CITY-ST-ZIP **632 POWELL ST.
PENSACOLA FL 32534**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **SUTTON, TAMMY**
CITY-ST-ZIP **4034 ELMCREST DRIVE
PENSACOLA FL 32504**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 an address.

SIGNATURE:

Erin Thiele
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 1998
Date

Daytime Phone # 0000182

CR2E037 (10/97)