

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90004 002 ****61.25

DOCUMENT # **N94000001266**

1. Corporation Name

RESTORE MINISTRIES, INC.

Principal Place of Business

4531 HALE ST.
PENSACOLA FL 32506

Mailing Address

4531 HALE ST.
PENSACOLA FL 32506



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/10/1994

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

THIELE, ERIN T
4531 HALE ST.
PENSACOLA FL 32506

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

Date

850-458-1222

Daytime Phone #

CR2E037 (1/98)