

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:10

DOCUMENT # **N9400001701 (1)**

1. Corporation Name

RESTORATION MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 290548
FT LAUDERDALE FL 33329-0548

P.O. BOX 290548
FT LAUDERDALE FL 33329-0548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/06/1994

4. FEI Number

Applied For

65-0484-315

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 290548
FT LAUDERDALE FL 33329-0548
Suite, Apt. #, etc.

26 P.O. BOX 291
DOUGLAS G.A. 31533
Suite, Apt. #, etc.

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

24 Zip

25 Country

29 Zip

30 Country

31 City & State

32 City & State

33 City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, LYRIS S
2828 CORAL WAY
SUITE 306
MIAMI FL 33145

81 Name

LYRIS S EVANS

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

332 FERN DRIVE

83

84 City

FORT LAUDERDALE FL

85 Zip Code

33326

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Lyris S Evans (LYRIS S EVANS)

4/27/95

Signature of agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: WATSON, GLENDA
STREET ADDRESS: 10140 W BAY HARBOR DR #603
CITY - ST - ZIP: BAY HARBOR ISLANDS FL 33154

TITLE: D
NAME: EVANS, LYRIS S
STREET ADDRESS: 10140 W BAY HARBOR DR #603
CITY - ST - ZIP: BAY HARBOR ISLANDS FL 33154

TITLE: D
NAME: FRANZELAS, JOHN
STREET ADDRESS: 4700 SW 134 AVE
CITY - ST - ZIP: FT LAUDERDALE FL 33330

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P/T
1.2 NAME: GLENDA WATSON
1.3 STREET ADDRESS: ROUTE 2, BOX 148
1.4 CITY - ST - ZIP: WILLACOOCHIE, GA 31650
 Change Addition

2.1 TITLE: V.P.D.
2.2 NAME: GLEN TAYLOR
2.3 STREET ADDRESS: 165 ARROWHEAD TRAIL
2.4 CITY - ST - ZIP: DOUGLAS 31533
 Change Addition

3.1 TITLE: S.D.
3.2 NAME: JERRY MCKINNON
3.3 STREET ADDRESS: ROUTE 2, BOX 148
3.4 CITY - ST - ZIP: WILLACOOCHIE, G.A. 31650
 Change Addition

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

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

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

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Glen Watson GLENDA WATSON
PRESIDENT

4/26/95

(912)
383-6762