

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90053 042 ****61.25

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1. Corporation Name

**RESTORATION & EVANGELISM ADVANCED THRU COMMUNITY
TRAINING, INC.**

Principal Place of Business

2511 NORTH GRADY
TAMPA FL 33607

Mailing Address

2511 NORTH GRADY
TAMPA FL 33607



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/22/1996

4. FEI Number

59-3357848

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

WHITE, RANDY
4110 HIGHLAND PARK CIRCLE
LUTZ FL 33549

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 D ☐ DELETE
NAME WHITE, RANDY A
STREET ADDRESS 3806 SAN PEDRO
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ DELETE
NAME WHITE, FRANK
STREET ADDRESS 3606 WAVERLY CIRCLE
CITY-ST-ZIP TAMPA FL 33629

TITLE D ☐ DELETE
NAME MALLAN, JENNIFER
STREET ADDRESS 2511 NORTH GRADY
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME White, Randy A
1.3 STREET ADDRESS 4110 Highland Park Circle
1.4 CITY-ST-ZIP Lutz, FL 33549

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME White, Frank
2.3 STREET ADDRESS 3703 W CORONA ST
2.4 CITY-ST-ZIP Tampa, FL 33629

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Mallan, Jennifer
3.3 STREET ADDRESS 8114 N. Hale Ave.
3.4 CITY-ST-ZIP Tampa, Fla. 33614

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (11/98)