

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED

Aug 28, 2000 8:00 am  
Secretary of State

08-16-2000 90005 028 \*\*\*\*70.00

DOCUMENT # N96000001259

1. Entity Name

RESTORATION MINISTRIES, INC.

(R)

Principal Place of Business

609 N 7TH ST  
FT PIERCE FL 34950  
US

Mailing Address

P O BOX 2375  
FT PIERCE FL 34950  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0658024

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIERNEY, J S III  
311 S SECOND ST  
FT PIERCE FL 34950

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$238.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	ADDERLY, SHIRLEY	
STREET ADDRESS	2401 SAN MARCO AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WATSON, FRANCES M	
STREET ADDRESS	P.O. BOX 1403 N/A	
CITY-ST-ZIP	FT. PIERCE FL 34954	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROSS, CARRIE	
STREET ADDRESS	2710 BOOKER ST.	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MILLER, PINKIE	
STREET ADDRESS	1440 N. LAWNWOOD CIR., #16B	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAMPIER, ARNDREA	
STREET ADDRESS	2000 N 43RD ST	
CITY-ST-ZIP	FT PIERCE FL 34947	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARN, SUZANNE	
STREET ADDRESS	3433 GORDY RD	
CITY-ST-ZIP	FT PIERCE FL 34945	

TITLE	<del>DP</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>DT</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Diamond Litty D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	216 S. 2nd St.	
STREET ADDRESS	Ft. Pierce, FL 34950	
CITY-ST-ZIP		
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>AD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley D. Adderly / Shirley D. Adderly

8/2/00

561-467-3110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

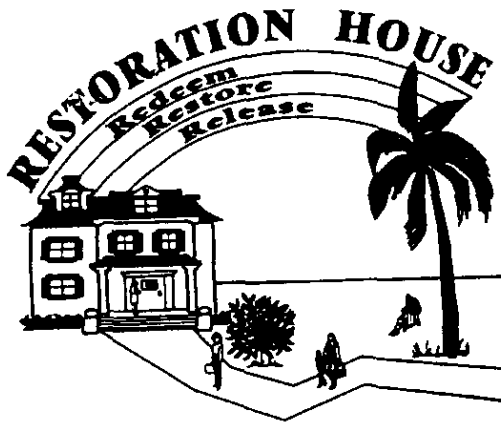
Date

Daytime Phone #

CR2E037 (5/00)

DOC # N96 000001259

309441 Co-founders  
Frances Watson & Mareya Schneider



## Restoration House

*The House That "Love" Built*

*The House That "LOVE" Built*

August 23, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Restoration Ministries, Inc.

We are submitting a corrected version of the annual report/ uniform business report for our corporation. You will see the corrections made in red ink. Please note that after two deletions and one addition there remains five directors of the corporation.

Thank you for allowing us the opportunity to correct this matter. Please feel free to contact Restoration Ministries, Inc. at (561) 468-7900, if you have any additional questions or need further assistance.

Sincerely,

Andrea Dean  
Program Manager