

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **NG6000001259**

1. Entity Name

Restoration Ministries, Inc.

02 AUG 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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-08/28/02--01045--025

*****61.25 *****61.25

2. Principal Place of Business

609 N. 7th Street

3. Mailing Address

P.O. Box 2375

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number

65-0658024

Applied For

Not Applicable

Zip

34950

Country

St. Lucie

Zip

34954

Country

St. Lucie

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Atty. Stephen J. Tierney

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

311 S. 2nd Street

City

Ft. Pierce

FL

Zip Code

34950

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IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**President
Suzanne Varn
3433 Gordy Rd.
Ft. Pierce, FL 34945**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Vice-President
Shirley Adderly
2401 San Marcos Ave.
Ft. Pierce, FL 34946**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Treasurer
Carrie Ross
2710 Booker Street
Ft. Pierce, FL 34950**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Diamond Ltty
206 S. 2nd Street
Ft. Pierce, FL 34950**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Secretary
Arndrea Dampier
2020 N. 43rd Street
Ft. Pierce, FL 34947**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Director
Mareya Schneider
305 Camino Ct S.E.
Ft. St. Lucie FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mareya Schneider

Exec. Director

8/6/02 772 4687900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

8/27/02