


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000001259	
1. Entity Name RESTORATION MINISTRIES, INC.	

Principal Place of Business 609 N 7TH ST FT PIERCE, FL 34950 US	Mailing Address P O BOX 2375 FT. PIERCE, FL 34954 US
---	--

DO NOT WRITE IN THIS SPACE

	
03162004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 65-0658024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

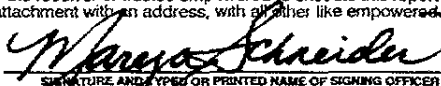
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000091683 03/18/04 00019 002 70.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ADDERLY, SHIRLEY 2401 SAN MARCO AVE FT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSS, CARRIE 2710 BOOKER ST. FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTY, DIAMOND 206 S 2ND ST FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, MAREYA 305 CAMINE CT SE PT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARN, SUZANNE 3433 GORDY RD FT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAMPIER, ARNDREA 2000 N 43RD STREET FT PIERCE, FL 34947

**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)(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:  **Mareya Schneider** **Mar. 15, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #