

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90318 009 ****70.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03092005 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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DVP NAME ADDERLY, SHIRLEY STREET ADDRESS 2401 SAN MARCO AVE CITY-ST-ZIP FT PIERCE, FL 34946	<input type="checkbox"/> Delete		TITLE D NAME Patty Kuta STREET ADDRESS 5896 Mustang Circle CITY-ST-ZIP Ft. St. Lucie, FL 34987	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME ROSS, CARRIE STREET ADDRESS 2710 BOOKER ST. CITY-ST-ZIP FT. PIERCE, FL 34947	<input type="checkbox"/> Delete		TITLE D NAME Whilemina Lewis STREET ADDRESS 1505 Delaware Ave. CITY-ST-ZIP Ft. Pierce, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LITTY, DIAMOND STREET ADDRESS 206 S 2ND ST CITY-ST-ZIP FORT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE DP NAME Diamond Littly STREET ADDRESS 216 S. 2nd street CITY-ST-ZIP Ft. Pierce, FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHNEIDER, MAREYA STREET ADDRESS 305 CAMINE CT SE CITY-ST-ZIP PT ST LUCIE, FL	<input type="checkbox"/> Delete		TITLE D NAME Shirley Adderly STREET ADDRESS 2401 San marco Ave. CITY-ST-ZIP Ft. Pierce, FL 34946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME VARN, SUZANNE STREET ADDRESS 3433 GORDY RD CITY-ST-ZIP FT PIERCE, FL 34945	<input type="checkbox"/> Delete		TITLE DVP NAME Suzanne Varn STREET ADDRESS 3433 Gordy Rd. CITY-ST-ZIP Ft. Pierce, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME DAMPIER, ARNDREA STREET ADDRESS 2000 N 43RD STREET CITY-ST-ZIP FT PIERCE, FL 34947	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 611, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/9/05 (772) 468-7900 <small>Date Daytime Phone #</small>		