2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001259

1. Entity Name
RESTORATION MINISTRIES, INC.

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

04072006 No Chg-NP CR2E037 (11/05)

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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

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

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

U00000505742
04/25/06-80128-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/10/06 7724687900
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #