

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001259

FILED
Feb 11, 2008
Secretary of State

Entity Name: RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

609 N 7TH ST
FT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2375
FT. PIERCE, FL 34954 US

New Mailing Address:

P O BOX 2375
FT. PIERCE, FL 34954 US

FEI Number: 65-0658024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ADDERLY, SHIRLEY
Address: 2401 SAN MARCO AVE
City-St-Zip: FT PIERCE, FL 34946

Title: D () Delete
Name: LEWIS, WILHEMINA
Address: 1405 DELEWARE AVE.
City-St-Zip: FT. PIERCE, FL 34950

Title: DP () Delete
Name: LITTY, DIAMOND
Address: 216 S 2ND ST
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: SCHNEIDER, MAREYA
Address: 305 CAMINE CT SE
City-St-Zip: PT ST LUCIE, FL 34952

Title: DVP () Delete
Name: VARN, SUZANNE
Address: 3433 GORDY RD
City-St-Zip: FORT PIERCE, FL 34945

Title: DS () Delete
Name: KUTA, PATTY
Address: 5890 MUSTANG CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAREYA SCHNEIDER

D

02/11/2008

Electronic Signature of Signing Officer or Director

Date