

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 05, 2008**  
**Secretary of State**

DOCUMENT# N96000001259

**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:****FEI Number:** 65-0658024**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****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:** DT (X) Change ( ) Addition  
**Name:** ROSS, CARRIE  
**Address:** 2710 BOOKER STREET  
**City-St-Zip:** FORT PIERCE, FL 34947 US**Title:** D (X) Change ( ) Addition  
**Name:** LEWIS, WILHEMINA  
**Address:** 1405 DELEWARE AVE.  
**City-St-Zip:** FT. PIERCE, FL 34950 US**Title:** DP (X) Change ( ) Addition  
**Name:** LITTY, DIAMOND  
**Address:** 216 S 2ND ST  
**City-St-Zip:** FORT PIERCE, FL 34950 US**Title:** D (X) Change ( ) Addition  
**Name:** SCHNEIDER, MAREYA  
**Address:** 305 CAMINE CT SE  
**City-St-Zip:** PT ST LUCIE, FL 34952 US**Title:** DVP (X) Change ( ) Addition  
**Name:** VARN, SUZANNE  
**Address:** 3433 GORDY RD  
**City-St-Zip:** FORT PIERCE, FL 34945 US**Title:** DS (X) Change ( ) Addition  
**Name:** KUTA, PATTY  
**Address:** 5890 MUSTANG CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34947 US

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

05/05/2008

Electronic Signature of Signing Officer or Director

Date