

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001259

FILED  
Mar 23, 2009  
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:

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: ROSS, CARRIE  
Address: 2710 BOOKER STREET  
City-St-Zip: FORT PIERCE, FL 34947 US

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: ADDERLY, SHIRLEY D  
Address: 2401 SAN MARCOS AVE.  
City-St-Zip: FT. PIERCE, FL 34946 US

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

03/23/2009

Electronic Signature of Signing Officer or Director

Date