

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002840 (4)

1. Corporation Name

RESTORATION FELLOWSHIP CENTER, INC.

Principal Place of Business

Mailing Address

1711 N UNIVERSITY DRIVE
PLANTATION FL 33322

1711 N UNIVERSITY DRIVE
PLANTATION FL 33322-4108



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/21/1996

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

HYLTON, WORRELL R
2922 WATERFORD DR SOUTH
DEERFIELD BEACH FL 33442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (D)	<input type="checkbox"/> DELETE
NAME	Worrell Hylton	
STREET ADDRESS	2922 Waterford Dr. So. Deerfield Bch Fl 33442	
CITY-ST-ZIP		
TITLE	MEMBER	<input type="checkbox"/> DELETE
NAME	Lloyd Newman	
STREET ADDRESS	4461 NW 25th St. Lauderdale FL 33313	
CITY-ST-ZIP		
TITLE	MEMBER	<input type="checkbox"/> DELETE
NAME	Sadie Dougall	
STREET ADDRESS	6530 NW 29th Ct Sunrise FL 33313	
CITY-ST-ZIP		
TITLE	MEMBER	<input type="checkbox"/> DELETE
NAME	Audrey Holmes	
STREET ADDRESS	4112 N Pine Island R Apt 325	
CITY-ST-ZIP	Sunrise FL 33351	
TITLE	MEMBER-Sec-Treasurer	<input type="checkbox"/> DELETE
NAME	John Gordon Sheryl Christie	
STREET ADDRESS	11 NE 16th Ct Ft. Lauderdale FL 33305	
CITY-ST-ZIP		
TITLE	MEMBER	<input type="checkbox"/> DELETE
NAME	John Gordon	
STREET ADDRESS	3328 NW 80th Ave	
CITY-ST-ZIP	Sunrise FL 33351	
TITLE	MEMBER	<input type="checkbox"/> DELETE
NAME	Loris Ann Newman	
STREET ADDRESS	4461 NW 25th St. Lauderdale FL 33313	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Lawson	
1.3 STREET ADDRESS	1531 SW 44th Ave #5	
1.4 CITY-ST-ZIP	LAUDERDALE FL 33317	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)