

FILED
May 27, 2003 8:00 am
Secretary of State

02-27-2003 90136 008 ****61.25

DOCUMENT # N96000004427			
1. Entity Name RESTORATION COMMUNITY CHURCH OF THE NAZARENE, IN			
Principal Place of Business 1030 W KALEY ORLANDO FL 32805		Mailing Address 1030 W KALEY ORLANDO FL 32805-5343	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3351910		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent APPLEBY, JERRY L 1030 W KALEY ST ORLANDO FL 32805		7. Name and Address of New Registered Agent Name William Andrews Street Address (P.O. Box Number is Not Acceptable) 2323 Westmoreland City Orlando FL Zip Code 32805	
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. SIGNATURE William Andrews DATE 2/8/2003 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	APPLEBY, JERRY L	1030 W KALEY ST	ORLANDO FL 32805
SD	REED, JULIE A	1025 W KALEY	ORLANDO FL 32805
TD	HIEDLER, DONALD L	1328 HAMPSHIRE PLACE CIR	ALTAMONTE SPRINGS FL 32714
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WILLIAM ANDREWS	2323 Westmoreland	ORLANDO, FL 32805
S	BECKI CAMPBELL	1010 18th Street	ORLANDO, FL 32805
T	GREG CAMPBELL	1010 18th Street	ORLANDO, FL 32805
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: William Andrews		2/8/2003 (407) 246-8061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	