

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # N96000006105

1. Entity Name

**RESTORATION FELLOWSHIP CHURCH OF GOD N
CHRIST, INC.**



Principal Place of Business

**708 SOUTH MAIN STREET
HAVANA FL 32333
US**

Mailing Address

**PO BOX 101
WOODVILLE FL 32362**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-3459527

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, VINCENT
673 HENRY JONES ROAD
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SMITH, VINCENT	
STREET ADDRESS	673 HENRY JONES RD	
CITY- ST- ZIP	TALLAHASSEE FL 32310	
TITLE	VD	☐ Delete
NAME	SMITH, GWENDOLYN A	
STREET ADDRESS	673 HENRY JONES RD	
CITY- ST- ZIP	TALLAHASSEE FL 32310	
TITLE	STD	☐ Delete
NAME	CANNON, CAROLYN	
STREET ADDRESS	1044 CRYSTAL RD	
CITY- ST- ZIP	TALLAHASSEE FL 32310	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000817129
02/14/08-80082-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Vincent Smith

Vincent Smith

2/5/08

850-514-2007