

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003193 (6)
1. Corporation Name
RESTORATION WORDS OF LIFE CHRISTIAN CENTER, INC.



Principal Place of Business 322 SW 6TH AVE DELRAY BEACH FL 33444	Mailing Address 322 SW 6TH AVE DELRAY BEACH FL 33444
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3. Date Incorporated or Qualified 06/03/1997	
4. FEI Number 65-0763304	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

DAVIS, KENNY M
3601 W-COMMERCIAL BLVD
SUITE 05
FORT LAUDERDALE FL 33300

10. Name and Address of New Registered Agent

81 Name **Gregory L. Fashaw**
82 Street Address (P.O. Box Number is Not Acceptable)
322 S.W. 6th Avenue
83
84 City **Delray Beach** FL 85 Zip Code **33444**

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 *Gregory L. Fashaw* **Gregory L. Fashaw, Pastor** DATE **4/7/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FASHAW, GREGORY L PASTOR	
STREET ADDRESS	322 SW 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FASHAW, EVIE S	
STREET ADDRESS	322 SW 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAFENDEN, SHARON S	
STREET ADDRESS	322 SW 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EATON, MARGIA	
STREET ADDRESS	322 SW 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	SD Jones, Raynard
3.3 STREET ADDRESS	1510 S.W. 30th Ct.
3.4 CITY-ST-ZIP	Delray Beach, FL 33444
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD JoAnn Brazier
4.3 STREET ADDRESS	4014 Hayden Av
4.4 CITY-ST-ZIP	West Palm, FL 33407
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DD David Gordon
5.3 STREET ADDRESS	4222 N.W. 99 Terr.
5.4 CITY-ST-ZIP	Sunrise, FL 33351
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 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.

SIGNATURE: *Gregory L. Fashaw* DATE: **4/7/98**

CR2E037 (10/97)