

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90137 001 ****61.25

DOCUMENT # N97000003193			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



14061800



MOORE CR2E037 (11/03)

4. FEI Number 65-0763304				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FASHAW, GREGORY L 322 SW 6TH AVE DELRAY BEACH FL 33444			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 _____ DATE _____
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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME FASHAW, GREGORY L PASTOR	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 322 SW 6TH AVE		STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33444		CITY-ST-ZIP	
TITLE NAME FASHAW, EVVIE S	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 322 SW 6TH AVE		STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33444		CITY-ST-ZIP	
TITLE NAME JONES, RAYNARD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1510 SW 3RD CT		STREET ADDRESS	
CITY-ST-ZIP DELRAY BCH FL 33444		CITY-ST-ZIP	
TITLE NAME BRAZIAL, JOANN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4014 HAYDEN AV		STREET ADDRESS	
CITY-ST-ZIP WEST PALM FL 33407		CITY-ST-ZIP	
TITLE NAME GORDON, DAVID	<input checked="" type="checkbox"/> Delete	TITLE NAME VSTD Felicia Larkins	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4222 NW 99 TERR		STREET ADDRESS 13590 25th Lane North	
CITY-ST-ZIP SUNRISE FL 33351		CITY-ST-ZIP West Palm Beach, FL 33412	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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 an other like empowered.

SIGNATURE: *Gregory L. Fashaw* **Gregory L. Fashaw** **4/20/04 (561)279-8978**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #