

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003193

FILED
Apr 29, 2005
Secretary of State

Entity Name: RESTORATION WORDS OF LIFE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

322 SW 6TH AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

322 SW 6TH AVE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0763304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FASHAW, GREGORY L
322 SW 6TH AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FASHAW, GREGORY L PASTOR
Address: 322 SW 6TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: PD () Delete
Name: FASHAW, EVVIE S
Address: 322 SW 6TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: SD () Delete
Name: JONES, RAYNARD
Address: 1510 SW 3RD CT
City-St-Zip: DELRAY BCH, FL 33444

Title: TD () Delete
Name: BRAZIAL, JOANN
Address: 4014 HAYDEN AV
City-St-Zip: WEST PALM, FL 33407

Title: VSTD () Delete
Name: LARKINS, FELICIA
Address: 13590 75TH LANE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVVIE S FASHAW

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date