

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2006  
Secretary of State**

DOCUMENT# N97000003193

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 Chapter 119, 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: GREGORY L. FASHAW

PAST

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date