

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90146 035 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0763304**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	FASHAW, GREGORY L PASTOR	322 SW 6TH AVE	DELRAY BEACH FL 33444	<input type="checkbox"/>	<input type="checkbox"/>
PD	FASHAW, EVIE S	322 SW 6TH AVE	DELRAY BEACH FL 33444	<input type="checkbox"/>	<input type="checkbox"/>
SD	JONES, RAYNARD	1510 SW 3RD CT	DELRAY BCH FL 33444	<input type="checkbox"/>	<input type="checkbox"/>
TD	BRAZIAL, JOANN	4014 HAYDEN AV	WEST PALM FL 33407	<input type="checkbox"/>	<input type="checkbox"/>
VSTD	GORDON, DAVID	4222 NW 99 TERR	SUNRISE FL 33351	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: *Gregory L. Fashaw*

CR2E037 (10/02)