



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005333		
1. Entity Name RESTORATION INTERNATIONAL MINISTRIES WORSHIP CENTER, INC.		
Principal Place of Business 900 WEST CERVANTES STREET PENSACOLA, FL 32501	Mailing Address 900 WEST CERVANTES STREET PENSACOLA, FL 32501	
DO NOT WRITE IN THIS SPACE		
		
02242005 No Chg-NP CR2E037 (10/03)		
4. FEI Number NOT APPLICABLE		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		
RANKINS, LEON III 3013 TUJAQUES PLACE PENSACOLA, FL 32501		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	RANKINS, EDNA R	
STREET ADDRESS	7153 RAMPART WAY	
CITY - ST - ZIP	PENSACOLA, FL 32501	
TITLE	D	
NAME	ARNOLD, JOYCE	
STREET ADDRESS	905 NORTH 46TH	
CITY - ST - ZIP	PENSACOLA, FL 32506	
TITLE	D	
NAME	BUTLER, DARRICK	
STREET ADDRESS	1201 NORTH GRANDVIEW	
CITY - ST - ZIP	PENSACOLA, FL 32505	
TITLE	VP	
NAME	RANKINS, MELBA J	
STREET ADDRESS	3013 TUJAQUES PLACE	
CITY - ST - ZIP	PENSACOLA, FL 32501	
TITLE	D	
NAME	MCDUGAL, ARDETTA	
STREET ADDRESS	209 E HERNANDEZ ST	
CITY - ST - ZIP	PENSACOLA, FL 32503	
TITLE	P	
NAME	RANKINS, LEON III	
STREET ADDRESS	3013 TUJAQUES PLACE	
CITY - ST - ZIP	PENSACOLA, FL 32501	
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: <i>Ardetta McDugal</i>		2/25/05 (850) 723-3341
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>