


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 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
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For 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
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000579001 01/09/07-80051-023 61.25
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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

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/4/06
Date Daytime Phone #