

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90025 035 ****70.00

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



04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 MCDOUGAL, 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

4/24/08

(850) 723-3341

Date

Daytime Phone #