2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005333

FILED Apr 13, 2009 Secretary of State

Entity Name: RESTORATION INTERNATIONAL MINISTRIES WORSHIP CENTER, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	T CERVANTES S DLA, FL 32501	STREET				
Current Mailing Address:			New Maili	New Mailing Address:		
	T CERVANTES S DLA, FL 32501	STREET				
FEI Number	:	FEI Number Applied For ()	FEI Number Not App	Dicable (X) Certificate of Status Desired ()		
Name and	d Address of Cu	rrent Registered Agent:	Name and	d Address of New Registered Agent:		
3013 TUJ/	, LEON III AQUES PLACE DLA, FL 32501	US		, LEON III IPART WAY DLA, FL 32501 US		
	e named entity su e of Florida.	bmits this statement for the	purpose of changing	its registered office or registered agent, or both,		
SIGNATURE:				04/13/2009		
	Electronic	Signature of Registered A	gent	Date		
OFFICERS AND DIRECTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO			
Title: Name: Address: City-St-Zip:	D () E RANKINS, EDNA 7153 RAMPART V PENSACOLA, FL	WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () E ARNOLD, JOYCE 905 NORTH 46TH PENSACOLA, FL	1	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () E BUTLER, DARRIO 1201 NORTH GR PENSACOLA, FL	ANDVIEW	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () E RANKINS, MELB, 3013 TUJAQUES PENSACOLA, FL	PLACE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition RANKINS, MELBA J 7153 RAMPART WAY PENSACOLA, FL 32501		
Title: Name: Address: City-St-Zip:	D () E MCDOUGAL, ARI 209 E HERNAND PENSACOLA, FL	EZ ST	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title:	RANKINS, LEON	Delete III PLACE	Title: Name: Address:	P (X) Change () Addition RANKINS, LEON III 7153 RAMPART WAY		

I hereby certify that the information supplied with this filing does not qualify 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:
 D
 AMD
 04/13/2009