04221999-90163-047-$61.25-$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90163 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005157

1. Corporation Name
RESTORATION INTERNATIONAL CHURCH MINISTRIES, INC

Principal Place of Business	Mailing Address
273 NW 80TH TERR. MARGATE FL 33063	273 NW 80TH TERR. MARGATE FL 33063

2. Principal Place of Business 21 6060 SW 7 ST Suite, Apt. #, etc. 22 City & State 23 MARGATE FL Zip 24 33068 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 09/04/1998 4. FEI Number 65-0865964 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRANT, DENNIS D
273 NW 80TH TERR.
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 4.20.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRANT, DENNIS D		1.2 NAME		
STREET ADDRESS	P.O. BOX 770263 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33077		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRANT, YVONNE		2.2 NAME		
STREET ADDRESS	P.O. BOX 770263 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33077		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CREARY, MARVA		3.2 NAME		
STREET ADDRESS	11985 NW 12TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		3.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCLEAN, BEVERLY		4.2 NAME		
STREET ADDRESS	159 SAN REMO BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE FL 33068		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DENNIS GRANT 4/20/99 954-968-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #