

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90833 001 \*\*\*183.75

**DOCUMENT # N98000005157**

1. Entity Name

**RESTORATION INTERNATIONAL CHURCH MINISTRIES, INC.**



Principal Place of Business

**6060 SW 7 ST  
MARGATE FL 33068  
US**

Mailing Address

**273 NW 80TH TERR.  
MARGATE FL 33063**

**66418134**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0865964**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME GRANT, DENNIS D  
STREET ADDRESS P.O. BOX 770263 N/A  
CITY-ST-ZIP CORAL SPRINGS FL 33077 ☐ Delete

TITLE DVP  
NAME GRANT, YVONNE  
STREET ADDRESS P.O. BOX 770263 N/A  
CITY-ST-ZIP CORAL SPRINGS FL 33077 ☐ Delete

TITLE D  
NAME CREAMY, MARVA  
STREET ADDRESS 11985 NW 12TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☒ Delete

TITLE DST  
NAME MCLEAN, BEVERLY  
STREET ADDRESS 159 SAN REMO BLVD.  
CITY-ST-ZIP N. LAUDERDALE FL 33068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D. ☐ Change ☒ Addition  
NAME YASMIN CAMPBELL  
STREET ADDRESS 700 N. COHENY CIRCLE #6-109  
CITY-ST-ZIP TAMARAC FL 33321

TITLE D. ☐ Change ☒ Addition  
NAME ANLEEN DIXON  
STREET ADDRESS 1892 SW 148 WAY  
CITY-ST-ZIP MIAMI FL 33027

TITLE D. ☐ Change ☒ Addition  
NAME DELORES DUNNAN  
STREET ADDRESS 1831 NW 63 AVE  
CITY-ST-ZIP SUNRISE FL 33313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DENNIS GRANT**

Date

Daytime Phone #

**4/20/04 954-249-5073**