

FILE NOW: FILING FEE IS \$61.25

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90018 079 *****61.75

05-29-1999 90018 080 *****8.75

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000005773

1. Corporation Name

RESTORATION AND HEALING INTERNATIONAL CHURCH INC

Principal Place of Business
10005 OASIS PALM DR.
TAMPA FL 33615

Mailing Address
10005 OASIS PALM DR.
TAMPA FL 33615



2. Principal Place of Business

21 **5811 ST. Elmo ST.**

Suite, Apt. #, etc.

22

City & State

23 **Pensacola FL**

Zip

24 **32503**

Country

25 **ESCAMBIA**

2a. Mailing Address

26 **5811 ST. Elmo ST.**

Suite, Apt. #, etc.

27

City & State

28 **PENSACOLA, FL**

Zip

29 **32503**

Country

30 **ESCAMBIA**

3. Date Incorporated or Qualified

10/06/1998

4. FEI Number

59-353 5437

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

HENINGBURG, ARNOLD REV
10005 OASIS PALM DR.
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name **HENINGBURG, Alicia L.**
82 Street Address (P.O. Box Number Is Not Acceptable)
4600 Mobile Hwy #9, PMB 208
83
84 City **PENSACOLA** **FL** 85 Zip Code **32506**

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 **Alicia L. Heningburg**

Alicia L. Heningburg

5-1-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director/Chairman** ☐ Change ☒ Addition

1.2 NAME **PASTOR ARNOLD Heningburg**

1.3 STREET ADDRESS **4600 Mobile Hwy #9, PMB 208**

1.4 CITY-ST-ZIP **PENSACOLA, FL 32506**

2.1 TITLE **M/Treasurer** ☐ Change ☒ Addition

2.2 NAME **Alicia L. HENINGBURG**

2.3 STREET ADDRESS **4600 Mobile Hwy #9, PMB 208**

2.4 CITY-ST-ZIP **PENSACOLA, FL 32506**

3.1 TITLE **TRUSTEE** ☐ Change ☒ Addition

3.2 NAME **Jerry C. Rivera Jr.**

3.3 STREET ADDRESS **4600 Mobile Hwy #9, PMB 208**

3.4 CITY-ST-ZIP **PENSACOLA, FL 32506**

4.1 TITLE **SECRETARY** ☐ Change ☒ Addition

4.2 NAME **Maria E. Lopez**

4.3 STREET ADDRESS **5811 ST Elmo ST.**

4.4 CITY-ST-ZIP **Pensacola, FL 32503**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **PASTOR * Arnold E. Heningburg**

SIGNATURE REQUIRED Arnold Heningburg

5/1/99

850-476-0224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0050786