2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90409 032 ****61.25

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1. Entity Name
RESTORATION OF CHRIST, INC.

Principal Place of Business	Mailing Address
7277 F SE MGMT F OCALA, FL 34472	428 SPRING DR. OCALA, FL 34472

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01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3556297
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, NORMAN L
428 SPRING DR.
OCALA, FL 34472

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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 N. L. THOMAS 4/16/07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, NORMAN
STREET ADDRESS	428 SPRING DR.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	T
NAME	THOMAS, MILDRED
STREET ADDRESS	428 SPRING DR.
CITY-ST-ZIP	OCALA, FL 34472
TITLE	D
NAME	BARTLEY, ALVIN
STREET ADDRESS	190 LOCUST RD
CITY-ST-ZIP	OCALA, FL 34472
TITLE	S
NAME	BYNOE, STEPHANIE
STREET ADDRESS	75 OLIVE CIR
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	Randolph Valme
STREET ADDRESS	6207 SW 48th Cir
CITY-ST-ZIP	Ocala, FL 34473
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

D Ronald Morrison
75 Olive Cir
Ocala, FL 34472

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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: N. L. THOMAS NORMAN L-1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #