

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

DOCUMENT # N99000003824

1. Entity Name

BY FAITH RESTORATION MINISTRIES, INC.



Principal Place of Business

1310 GARDEN CROSSING RD.
LARGO FL 33746

Mailing Address

P.O. BOX 481
LARGO FL 33746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3583395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMBROUGH, MICHAEL
1360 LONG STREET
CLEARWATER FL 33755

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KIMBROUGH, MICHAEL
STREET ADDRESS 1560 LONG ST.
CITY - ST - ZIP CLEARWATER FL 33755 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000085232
CITY - ST - ZIP 09/11/04-80039-017 61.25

TITLE VD
NAME MACK, JAMES E SR.
STREET ADDRESS 2043 24TH ST., S.W.
CITY - ST - ZIP LARGO FL 33774 ☐ Delete

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

TITLE SD
NAME KIMBROUGH, DEBORAH
STREET ADDRESS 1560 LONG ST.
CITY - ST - ZIP CLEARWATER FL 33755 ☐ Delete

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

TITLE
NAME JONES, JOSEPH
STREET ADDRESS 104 N. SAN REMO
CITY - ST - ZIP CLEARWATER FL 33755 ☐ Delete

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

TITLE D
NAME TIGGETT, WAYNE
STREET ADDRESS 217 APRIL LANE
CITY - ST - ZIP PALM HARBOR FL 33755 ☐ Delete

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

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY - ST - ZIP

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

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: Michael S. Kimbrough Michael S Kimbrough 3-09-04 727-667-0967