



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90075 040 ****70.00

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 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1332 Suite, Apt. #, etc.			
City & State Largo, FL		City & State Largo, FL		4. FEI Number 59-3583395	
Zip 33746		Country Pinellas		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIMBROUGH, MICHAEL 1360 LONG STREET CLEARWATER, FL 33755				7. Name and Address of New Registered Agent Name Kimbleigh, Micheal Street Address (P.O. Box Number is Not Acceptable) 1560 Long St City Clearwater, FL Zip Code 33755	
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 <u>Michael S. Kimbleigh</u> DATE <u>Feb 25, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD KIMBROUGH, MICHAEL 1560 LONG ST. CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kimberly Lockington 3157 Hursh Ave Apt A Oldsmar, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACK, JAMES E SR. 2043 24TH ST., S.W. LARGO, FL 33774	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Sheila Jones 104 N. San Remo Clearwater, Fla. 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIMBROUGH, DEBORAH 1560 LONG ST. CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kimbleigh, Deborah 1560 Long St Clearwater, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JOSEPH 104 N. SAN REMO CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jones, Joseph 104 N. San Remo Clearwater, FL. 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIGGETT, WAYNE 217 APRIL LANE PALM HARBOR, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hank Porter 2065 N Highland 403 Clearwater, 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Michael S. Kimbleigh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>Feb 25, 2005</u> Daytime Phone # <u>727-667-8467</u>		