# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007**
**Secretary of State**

DOCUMENT# N99000004269

**Entity Name:** RESTORATION DELIVERANCE MINISTRIES INC.

**Current Principal Place of Business:**

2730 N.W. 6TH COURT
FT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 190674
FORT LAUDERDALE, FL 333190674 US

**New Mailing Address:**

**FEI Number: 65-0927217** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUIE, DONNAH E
5840 BLUEBERRY CT.
LAUDERHILL, FL 33313 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | HUIE, DONNAH E | |
| Address: | 5840 BLUEBERRY CT. | |
| City-St-Zip: | LAUDERHILL, FL 33313 | |
| Title: | D | ( ) Delete |
| Name: | MATTIS, SILBERT | |
| Address: | 301 NW 105TH STREET | |
| City-St-Zip: | MIAMI, FL 33150 | |
| Title: | D | ( ) Delete |
| Name: | FAIR, MARGARET | |
| Address: | 322 SW 76TH TERRACE | |
| City-St-Zip: | NORTH LAUDERDALE, FL 33068 | |
| Title: | SD | ( ) Delete |
| Name: | MURRAY, MARLENE V DR. | |
| Address: | 3671 HIGH PINE DRIVE | |
| City-St-Zip: | CORAL SPRINGS, FL 33065 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNAH HUIE PD 04/30/2007
Electronic Signature of Signing Officer or Director — Date