

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004269

FILED
Apr 30, 2009
Secretary of State

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:

MATTIS, 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: MATTIS, 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 MATTIS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date