

NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012036 ✓ OK

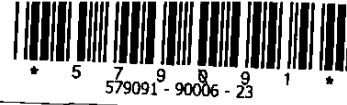
1. Corporation Name

RESTORATION MISSION INC.

Principal Place of Business

Mailing Address

2154 9 AVE South
ST. PETE. FLA. 33712



05-24-1999 90011 043 ****61.25

06-23-1999 90006 023 ****88.75

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 2154 9 AVE South

26 Suite, Apt. #, etc.

SEPT. 21, 1995

22 City & State

27 City & State

4. FEI Number

Applied For
Not Applicable

23 ST. PETE. FLA.

28 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 33712

25 PINELANDS

29 Zip

30 Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOAN GAMMAGE

81 Name

2154 9 AVE SOUTH

82 Street Address (P.O. Box Number is Not Acceptable)

ST. PETE. FLA. 33712

83

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE P- JOAN GAMMAGE JOAN GAMMAGE 4/3/99
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE 1.1 TITLE P- JOAN GAMMAGE ☐ Change ☐ Addition

STREET ADDRESS 1.2 NAME 3928 GROVE ST. SOUTH

CITY-ST-ZIP 1.3 STREET ADDRESS ST. PETE. FLA. 33705

TITLE NAME ☐ DELETE 2.1 TITLE V- JAMES W. BRIDGES ☐ Change ☐ Addition

STREET ADDRESS 2.2 NAME 4220 ORLANDO DRIVE APT 85

CITY-ST-ZIP 2.3 STREET ADDRESS STANFORD FLORIDA 33773

TITLE NAME ☐ DELETE 3.1 TITLE S-O WILLIAM HARRIS ☐ Change ☐ Addition

STREET ADDRESS 3.2 NAME 174 15 AVES SOUTH

CITY-ST-ZIP 3.3 STREET ADDRESS ST. PETE. FLA. 33701-5318

TITLE NAME ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 4.2 NAME

CITY-ST-ZIP 4.3 STREET ADDRESS

TITLE NAME ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 5.2 NAME

CITY-ST-ZIP 5.3 STREET ADDRESS

TITLE NAME ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS 6.2 NAME

CITY-ST-ZIP 6.3 STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE JOAN GAMMAGE 4/3/99 823-403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)