

* NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000072036Vol**

1. Corporation Name

Restoration Mission Inc.

Principal Place of Business

Mailing Address

**2154 9 AVE South
St. Pete. Fla. 33712**

2. Principal Place of Business

2a. Mailing Address

**2154 9 AVE South
Suite, Apt. #, etc.**

2b. Suite, Apt. #, etc.

3. Date Incorporated or Qualified

SEPT. 21, 1998

4. FEI Number

59-3327715

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23. ZIP

28. ZIP

6. Election Campaign Financing

\$5.00 May Be

24. ZIP

25. ZIP

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOAN GRAMMAGE
2154 9 AVE South
St. Pete. Fla. 33712**

81. Name

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

83.

84. City

FL 85. Zip Code

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: **JOAN GRAMMAGE** **JOAN GRAMMAGE 4/31/99**
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/31/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE P- <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME JOAN GRAMMAGE 1.3 STREET ADDRESS 3928 9th Ave St. South 1.4 CITY-ST-ZIP St. Pete. Fla. 33703	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE V- <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME JAMES W. BRITTON 2.3 STREET ADDRESS 4220 Orlando Drive Apt 85 2.4 CITY-ST-ZIP Sanford Florida 33773	
<input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE S-O <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME LILLIAN HARRIS 3.3 STREET ADDRESS 774 15 AVES South 3.4 CITY-ST-ZIP St. Pete. Fla. 33707-5318	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 GRAMMAGE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/99 823-403
Date Daytime Phone #

CR20037 (11/98)