

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001464

Entity Name: RESTORATION OF LIFE MISSION IN CHRIST, INC.**Current Principal Place of Business:**2023 S. RIO GRANDE AVE.
ORLANDO, FL 32805**Current Mailing Address:**P.O. BOX 550118
ORLANDO, FL 32855**FEI Number: 59-3633931****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BOSWELL JAMES, ALBERTHA
1321 S TAMPA AVE
ORLANDO, FL 32805 US*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**Officer/Director Detail :**

Title AS
Name LETTSOME, EILEEN
Address 2744 CULLENS CT.
City-State-Zip: OCOEE FL 32808

Title PCHR
Name BOSWELL, ALBERTHA PASTOR
Address 1321 SOUTH TAMPA AVE
City-State-Zip: ORLANDO FL 32805

Title ACHR
Name BENJAMIN, NEVILLE PASTOR
Address 401 HAGER DR
City-State-Zip: OCOEE FL 34761

Title S
Name HAMPTON, ZEMORA
Address 3719 PINE RIDGE RD
City-State-Zip: ORLANDO FL 32808

Title AP
Name LUKICH, MIRTA
Address 1412 MOSS WOOD DR
City-State-Zip: LEESBURG FL 34738

Title T
Name SMITH, KEDESHA
Address 1602 36TH ST/
City-State-Zip: ORLANDO FL 32839

I hereby 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 all other like empowered.

SIGNATURE: KEDESHA SMITH**TREASURER****03/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date