

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10955

Entity Name: RESTORATION LIFE CHURCH & OUTREACH CENTER, INC.**Current Principal Place of Business:**2302 JIM LEE RD
TALLAHASSEE, FL 32301**Current Mailing Address:**2302 JIM LEE RD
TALLAHASSEE, FL 32301 US**FEI Number: 26-0264924****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JOHNSON, WILLIAM C
2302 JIM LEE RD.
TALLAHASSEE, FL 32301 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	D-P
Name	JOHNSON, WILLIAM C
Address	274 HAMON AVE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	TREASURER, DIRECTOR
Name	EMBLETON, VANDY
Address	2407 GOTHIC DR
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	AGEE, BARBARA
Address	2302 JIM LEE RD
City-State-Zip:	TALLAHASSEE FL 32301

Title	D-VP
Name	JOHNSON, LINDA W
Address	274 HAMON AVE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	EMBLETON, WALTER S
Address	2407 GOTHIC DR
City-State-Zip:	TALLHASSEE FL 32303

Title	DIRECTOR
Name	AGEE, FRANK
Address	2302 JIM LEE RD
City-State-Zip:	TALLAHASSEE FL 32301

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: WILLIAM C JOHNSON**PRESIDENT****04/01/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date