

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008712

**Entity Name:** RESTORATION CHURCH PORT ORANGE INC.

**Current Principal Place of Business:**

1648 TAYLOR ROAD  
#202  
PORT ORANGE, FL 32128

**Current Mailing Address:**

1648 TAYLOR ROAD  
#202  
PORT ORANGE, FL 32128 US

**FEI Number:** 45-3192256

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ORZO, ANTHONY  
1307 SHADOW PATH DRIVE  
PORT ORANGE, FL 32128 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 P  
Name ORZO, ANTHONY  
Address 1307 SHADOW PATH DRIVE  
City-State-Zip: PORT ORANGE FL 32128

Title O  
Name MANIQUIS, DAVID  
Address 1369 SUNNINGDALE LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title O  
Name WILLIAMS, TOM  
Address PO BOX 9061  
City-State-Zip: DAYTONA BEACH FL 32120

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:** ANTHONY ORZO

**PRESIDENT**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date