

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002138

**Entity Name:** RESTORATION LIFE FAMILY WORSHIP CENTER INC.

**Current Principal Place of Business:**

812 JOE LOUIS AVE  
PAHOKEE, FL 33476

**Current Mailing Address:**

812 JOE LOUIS AVE  
PAHOKEE, FL 33476 US

**FEI Number:** 47-3564103

**Certificate of Status Desired:** No

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

WILLIAMS, YVETTE C  
812 JOE LOUIS AVE  
PAHOKEE, FL 33476 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:** YVETTE C WILLIAMS

01/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WILLIAMS, YVETTE C  
Address 812 JOE LOUIS AVE  
City-State-Zip: PAHOKEE FL 33476

Title VP  
Name BANFIELD, JOELISHIA P  
Address 812 JOE LOUIS AVE  
City-State-Zip: PAHOKEE FL 33476

Title SEC  
Name BANFIELD, JOELISHIA P  
Address 812 JOE LOUIS AVE  
City-State-Zip: PAHOKEE FL 33476

Title TRE  
Name BANFIELD, JOELISHIA P  
Address 812 JOE LOUIS AVE  
City-State-Zip: PAHOKEE FL 33476

*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:** YVETTE WILLIAMS

**OWNER**

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date