

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000006228

Entity Name: RESTORED PILLARS INC**Current Principal Place of Business:**6501 ARLINGTON EXPY
B
JACKSONVILLE, FL 32211**Current Mailing Address:**6501 ARLINGTON EXPY
B
JACKSONVILLE, FL 32211 US**FEI Number:** 85-1383696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, REYLIUS
4990 AVENUE B
JACKSONVILLE, FL 32209 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 PRESIDENT
Name THOMPSON JR, REYLIUS
Address 928 EAVERTON STREET
City-State-Zip: JACKSONVILLE FL 32204Title VP
Name VALENTINE, WANDA
Address 2380 MIDDLE RIVER RD #305
City-State-Zip: ST. LOUIS MO 63136Title TRES
Name HYLTON, TANYA
Address 715 SW. 148 AVENUE #604
City-State-Zip: DAVIE FL 33325Title ASST. SECRETARY
Name THOMPSON, REYLIUS SR.
Address 760 WOODBROOK WAY
City-State-Zip: LAWRENCEVILLE GA 30045Title SECRETARY
Name VALENTINE, LARRY
Address 4429 POSTWOOD LANE
City-State-Zip: ELLENWOOD GA 30294Title BAORD MEMBER
Name NICHOLAS, IVAN
Address 6501 ARLINGTON EXPY
B
City-State-Zip: JACKSONVILLE FL 32211Title BOARD MEMBER
Name NICHOLAS, TANITHA
Address 6501 ARLINGTON EXPY
B
City-State-Zip: JACKSONVILLE FL 32211Title BOARD MEMBER
Name CASTER, VALIJEANNE
Address 931 CASSAT AVE
City-State-Zip: JACKSONVILLE FL 32205

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: REYLIUS THOMPSON**PRESIDENT****04/15/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date