

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000006228

**Entity Name:** RESTORED PILLARS INC**Current Principal Place of Business:**928 EAVERTSON STREET  
JACKSONVILLE, FL 32204**Current Mailing Address:**928 EAVERTSON STREET  
JACKSONVILLE, FL 32204 US**FEI Number:** 85-1383696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, REYLIUS  
7643 GATE PARKWAY  
SUITE 1626  
JACKSONVILLE, FL 32256 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 EAVERTSON STREET  |
| City-State-Zip: | JACKSONVILLE FL 32204 |

|                 |                           |
|-----------------|---------------------------|
| Title           | VP                        |
| Name            | VALENTINE, WANDA          |
| Address         | 2380 MIDDLE RIVER RD #305 |
| City-State-Zip: | ST. LOUIS MO 63136        |

|                 |                         |
|-----------------|-------------------------|
| Title           | TRES                    |
| Name            | HYLTON, TANYA           |
| Address         | 715 SW. 148 AVENUE #604 |
| City-State-Zip: | DAVIE FL 33325          |

|                 |                        |
|-----------------|------------------------|
| Title           | ASST. SECRETARY        |
| Name            | THOMPSON, REYLIUS SR.  |
| Address         | 760 WOODBROOK WAY      |
| City-State-Zip: | LAWRENCEVILLE GA 30045 |

|                 |                    |
|-----------------|--------------------|
| Title           | SECRETARY          |
| Name            | VALENTINE, LARRY   |
| Address         | 4429 POSTWOOD LANE |
| City-State-Zip: | ELLENWOOD GA 30294 |

*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 JR**PRESIDENT****02/27/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date