

**Form 202  
(Revised 1/06)**

Return in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709  
**Filing Fee: \$25**



**Certificate of Formation  
Nonprofit Corporation**

This space reserved for office use.

**FILED**  
In the Office of the  
Secretary of State of Texas

**FEB 14 2006**

**Corporations Section**

**Article 1 – Entity Name and Type**

The filing entity being formed is a nonprofit corporation. The name of the entity is:

**Restorative Christian Outreach Ministries**

**Article 2 – Registered Agent and Registered Office**

(Select and complete either A or B and complete C)

A. The initial registered agent is an organization (cannot be entity named above) by the name of:

**OR**

B. The initial registered agent is an individual resident of the state whose name is set forth below:

<b>Mack</b>	<b>C</b>	<b>Bailey</b>	<b>Sr.</b>
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>

C. The business address of the registered agent and the registered office address is:

<b>7506 Ed Bluestein Blvd.</b>	<b>Austin</b>	<b>TX</b>	<b>78723</b>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**Article 3 – Management**

The management of the affairs of the corporation is to be vested in the nonprofit corporation's members.

**OR**

The management of the affairs of the corporation is vested in the board of directors. The number of directors constituting the initial board of directors and the names and addresses of the persons who are to serve as directors until the first annual meeting of members or until their successors are elected and qualified are as follows:

*A minimum of three directors required.*

Director 1				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Director 2				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Director 3				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

**Article 4 – Members**

- The nonprofit corporation shall have members.
- The nonprofit corporation will have no members.

**Article 5 – Purpose**

This nonprofit corporation is formed for any lawful purpose or purposes not expressly prohibited under chapters 2 or 22 of the Texas Business Organizations Code, including any purpose described by section 2.002 of the Code.

**Article 6—Manner of Distribution**  
(See instructions.)

- The corporation is authorized on its winding up to distribute the nonprofit corporation’s assets in a manner other than as provided by section 22.304 of the Code. The manner of distribution is as follows or as set forth in the attached addendum which is incorporated herein by reference:

**Supplemental Provisions/Information**

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

[Empty text area for supplemental provisions]

**Organizer**

The name and address of the organizer:

Mack C. Bailey, Sr.

*Name*

6803 Millikin cove

Austin

TX

78723

*Street or Mailing Address*

*City*

*State*

*Zip Code*

**Effectiveness of Filing** (Select either A, B, or C.)

A.  This document becomes effective when the document is filed by the secretary of state.

B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_

C.  This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

\_\_\_\_\_  
\_\_\_\_\_

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 02/14/2006

Mack Bailey  
Signature of organizer

a. T Code  13196 Franchise  16196 Bank

This report MUST be filed to satisfy franchise tax requirements

c. Taxpayer identification number	d. Report year
3 2 0 1 9 1 3 7 2 2 6	2 0 0 7

**TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT**

Corporation name and address

Restorative Christian Outreach Ministries  
7506 Ed Bluestein Blvd.  
Austin, TX 78723-2331



e. PIR / IND  1  4

Secretary of State file number or, if none, Comptroller unchartered number

Item k on Franchise Tax Report, Form 05-142

Please mark through any incorrect information and print the correct information.

The following information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.



\*3201913722607\*

Blacken this circle completely if there are currently no changes to the information preprinted in Section A of this report. Then, complete Sections B and C.

**Please sign below!** Officer and director information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers and directors change throughout the year.

Corporation's principal office  
7506 Ed Bluestein Blvd, Austin, Texas 78723

Principal place of business  
7506 Ed Bluestein Blvd, Austin, Texas 78723

**SECTION A.** Name, title, and mailing address of each officer and director.

NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
Dr. William Hardy, PHD	Consulting Psych	<input checked="" type="checkbox"/> YES	12/31/2008
MAILING ADDRESS 540 ACR 2139- Hwy 1990, Palestine Texas 785801			
Sheryl Cole, Attorney at Law/ Cole & Powel, PC	Consultant	<input checked="" type="checkbox"/> YES	12/31/08
MAILING ADDRESS 400 W. 15th Street, Austin, Texas 78701			
Josie Johnson	Consultant	<input checked="" type="checkbox"/> YES	12/31/2008
MAILING ADDRESS 427 South Cherry, Pauls Valley, OK 73075			
David C. Johnson	Evangelist	<input checked="" type="checkbox"/> YES	12/31/2008
MAILING ADDRESS 427 South Cherry, Pauls Valley, OK 75075			
Naomi M. Bailey	ED. Consultant	<input checked="" type="checkbox"/> YES	12/31/2008
MAILING ADDRESS 2448 Second Ave., Port Arthur, TX 77642			

**SECTION B.** List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage Interest
None			
None			

**SECTION C.** List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

Name of owning (parent) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage Interest
None			

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: Mack C. Bailey, evangelist  
Office: Vice President

Blacken this circle if you need forms to change the registered agent or registered office information.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this, or a related, corporation or limited liability company.

sign	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
	Mack C. Bailey	Vice President	Sept 18, 2007	572 933 1469

07278150294



05-102  
(Rev. 1-08/28)  
Tcode 13196

00002121218  
**TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT**

(To be filed by Corporations and Limited Liability Companies (LLCS))  
This report **MUST** be filed to satisfy franchise tax requirements

■ Taxpayer number **32019137226** ■ Report year **2008**

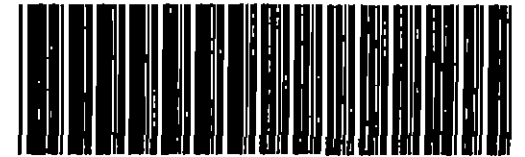
**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name **Restorative Christian Outreach Ministries**  
Mailing address **7506 Ed Bluestern Blvd.**  
City **Austin** State **TX** ZIP Code **78723** Plus 4 **2331**

Secretary of State file number or Comptroller file number **800613528**

○ Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office **7506 Ed Bluestern Blvd; Austin TX 78723**  
Principal place of business **7506 Ed Bluestern Blvd Austin TX 78723**



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**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration
Dr. William Hardy - Mailing address: 5401 ACR 2139 Hwy 900	Counseling Psychologist City: Palestine	<input checked="" type="radio"/> YES	1   2   3   1   0   9   State: TX ZIP code: 78501
Sheryl Cole Mailing address: 400 W. 15th St.	Consultant City: Austin	<input checked="" type="radio"/> YES	1   2   3   1   0   9   State: TX ZIP code: 78701
Josie Johnson Mailing address: 427 South Cherry	Consultant City: Pallas Valley	<input checked="" type="radio"/> YES	1   2   3   1   0   9   State: OK ZIP code: 73075
Naomi Bailey Mailing address: 2448 Second Ave	ED. Consultant City: Port Arthur	<input checked="" type="radio"/> YES	1   2   3   1   0   9   State: TX ZIP code: 77642

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
None			
None			

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
None			

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: **Mark C. Bailey Sr.** Office: **Vice - President** City: **Austin** State: **TX** ZIP Code: **78723**

○ Blacken circle if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here **Mark C. Bailey** Title **Vice President** Date **12-16-08** Area code and phone number **(512) 637-6544**

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05-102  
(Rev. 1-08/28)  
Tcode 13196

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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Number: 800613528

(To be filed by Corporations and Limited Liability Companies (LLCS))  
This report MUST be filed to satisfy franchise tax requirements

Taxpayer number: 32019137226 | Report year: 2008

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name: RESTORATIVE CHRISTIAN OUTREACH MINISTRIES

Mailing address: 7506 ED BLUESTEIN BLVD

City: AUSTIN | State: TX | ZIP Code: 78723 | Plus 4: 2331 | Secretary of State file number or Comptroller file number: 800613528

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office: 7506 ED BLUESTEIN BLVD., AUSTIN, TEXAS 78723

Principal place of business: 7506 ED BLUESTEIN BLVD., AUSTIN, TEXAS 78723



3201913722608

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration	State	ZIP code
DR. WILLIAM HARDY, PHD	COUNSELOR	<input checked="" type="radio"/> YES	1   2   3   1   0   9	TX	78501
SHERYL COLE	CONSULTANT	<input checked="" type="radio"/> YES	1   2   3   1   2   9	TX	78722
JOSIE JOHNSON	CONSULTANT	<input checked="" type="radio"/> YES	1   2   3   1   0   9	OK	73075
NAOMI BAILEY	ED CONSULT	<input checked="" type="radio"/> YES	1   2   3   1   0   9	TX	

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
NONE			
NONE			

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
NONE			

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: MACK C. BAILEY, SR

Office: 7506 ED BLUESTEIN BLVD

City: AUSTIN | State: TX | ZIP Code: 78723

Blacken circle if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here: Mack C Bailey Sr | Title: | Date: 4-15-09 | Area code and phone number: (512) 633-6544

Texas Comptroller of Public Accounts



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05-102  
(Rev. 1-08/28)  
Tcode 13196

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))  
This report MUST be filed to satisfy franchise tax requirements

Taxpayer number       Report year  
 3 | 2 | 0 | 1 | 9 | 1 | 3 | 7 | 2 | 2 | 6 | 2 | 0 | 0 | 8 | 9

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

09132204787

Taxpayer name  
**RESTORATIVE CHRISTIAN OUTREACH MINISTRIES**

Mailing address  
**7506 ED BLUESTEIN BLVD**

City **AUSTIN**      State **TX**      ZIP Code **78723**      Plus 4 **2331**

Secretary of State file number or  
Comptroller file number



Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office  
**7506 ED BLUESTEIN BLVD, AUSTIN, TEXAS 78723**

Principal place of business  
**7506 ED BLUESTEIN BLVD, AUSTIN, TEXAS 78723**



3201913722608

*Please sign below!*

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration	State	ZIP code
<b>DR. WILLIAM HARDY, PHD</b>	<b>COUNSELER</b>	<input checked="" type="radio"/> YES	1   2   3   1   0   9	<b>TX</b>	<b>78501</b>
<b>SHERYL COLE</b>	<b>CONSULTANT</b>	<input checked="" type="radio"/> YES	1   2   3   1   0   9	<b>TX</b>	<b>78722</b>
<b>JOSIE JOHNSON</b>	<b>CONSULTANT</b>	<input checked="" type="radio"/> YES	1   2   3   1   0   9	<b>OK</b>	<b>73075</b>
<b>NAOMI BAILEY</b>	<b>ED CONSULT</b>	<input checked="" type="radio"/> YES	1   2   3   1   0   9	<b>TX</b>	<b>77642</b>

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
<b>NONE</b>			
<b>NONE</b>			

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
<b>NONE</b>			

Registered agent and registered office currently on file. (See instructions if you need to make changes)  
**Agent: MACK C. BAILEY, SR**       Blacken circle if you need forms to change the registered agent or registered office information.  
**Office: VICE-PRESEDENT**      City **AUSTIN**      State **TX**      ZIP Code **78723**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here **Mack C Bailey SR**      Title **VICE PRESIDENT**      Date **3-20-09**      Area code and phone number **15121933-1469**



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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT



Comptroller of Public Accounts FORM 05-102 (9-09/29)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial institutions This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196

Taxpayer number

3 | 2 | 0 | 1 | 9 | 1 | 3 | 7 | 2 | 2 | 6

Report year

2 | 0 | 1 | 0

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name RESTORATIVE CHRISTIAN OUTREACH MINISTRIES

Mailing address P.O BOX 15957

City AUSTIN

State TX

ZIP Code 78723

Plus 4 2331

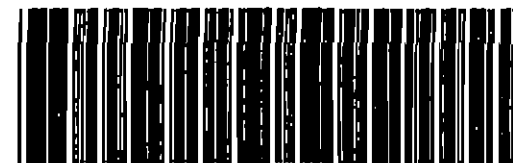
Secretary of State file number or Comptroller file number

800613528

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 6803 MILLIKIN COVE, AUSTIN, TX 78723

Principal place of business 6803 MILLIKIN COVE, AUSITN, TX 78723



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Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Table with 3 columns: Name, Title, Director (YES/NO), Term expiration (m, m, d, d, y, y), State, ZIP code. Rows for WILLIMA HARDY, SHERYL COLE, NAOMI BAILEY.

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Table with 4 columns: Name of owned (subsidiary) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of Ownership. Rows for NONE.

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Table with 4 columns: Name of owned (parent) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of Ownership. Row for NONE.

Registered agent and registered office currently on file. (See instructions if you need to make changes) Agent: MACK C. BAILEY, SR

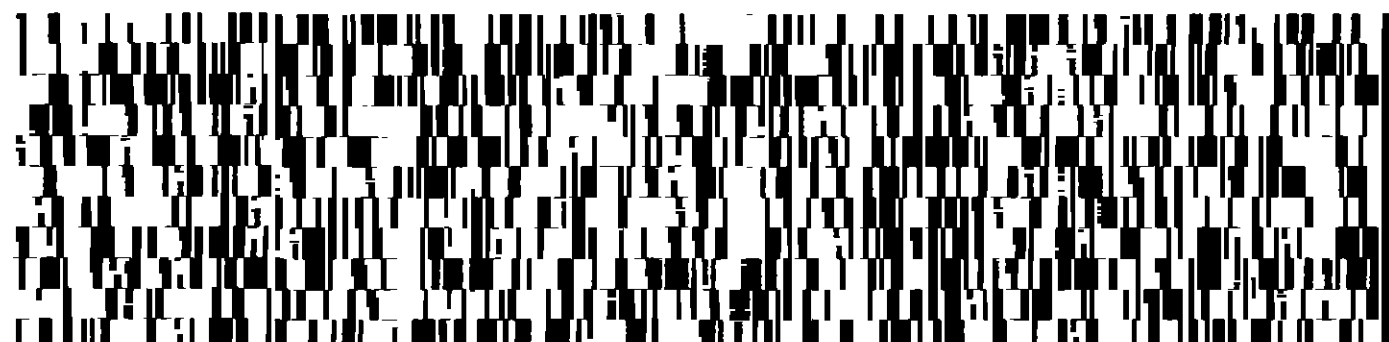
Office: VICE PRESIDENT City AUSTIN State TX ZIP Code 78723

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Mack Bailey Title Vice President Date 8-17-2010 Area code and phone number (512) 560-8516

Texas Comptroller of Public Accounts



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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLC) and Financial institutions

This report MUST be signed and filed to satisfy franchise tax requirements



Comptroller of Public Accounts FORM 05-102 (9-09/29)

Tcode 13196

Taxpayer number

3 2 0 1 9 1 3 7 2 2 6

Report year

2 0 1 1

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name

RESTORATIVE CHRISTIAN OUTREACH MINISTRIES

Mailing address

P.O.BOX15957

City

AUSTIN

State

TX

ZIP Code

78723

Plus 4

2331

Secretary of State file number or Comptroller file number

800613528

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

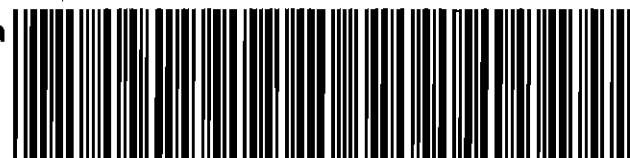
6803 MILLIKIN COVE, AUSTIN TX 78723

Principal place of business

6803 MILLIKIN COVE, AUSTIN TX 78723

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



SECTION A Name, title and mailing address of each officer, director or member.

Table with 3 columns: Name, Title, Director (YES/NO), Term expiration (m, m, d, d, y, y), State, ZIP Ccode. Includes entries for WILLIAM HARDE, SHERYL COLE, NAOMI BAILEY.

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Table with 4 columns: Name of owned (subsidiary) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of Ownership. Includes entries for NONE.

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Table with 4 columns: Name of owned (parent) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of Ownership. Includes entry for NONE.

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: MACK C. BAILEY, SR

Blacken circle if you need forms to change the registered agent or registered office information.

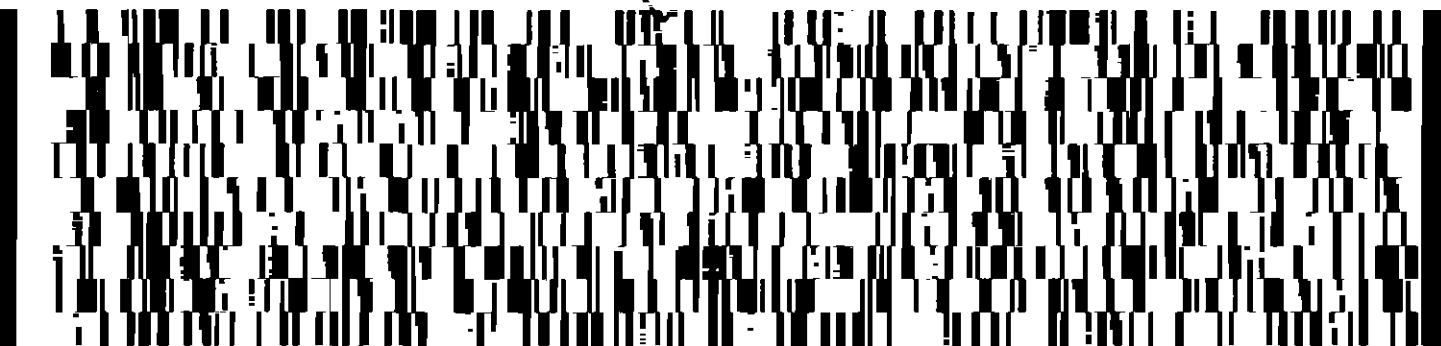
Office: VICE PRESIDENT

City AUSTIN State TX ZIP Code 78723

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Signature: Mack C Bailey SR Title: VICE PRESIDENT Date: July 25, 2001 Area code and phone number: (512) 560-8516



VE/DE [ ] PIR IND [ ]

