

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 22, 2004  
Secretary of State**

DOCUMENT# N01000001690

Entity Name: OPERATION RESCUE THE CHILDREN, INC.

**Current Principal Place of Business:**

7500 E COUNTRY CLUB BLVD  
BOCA RATON, FL 33487

**New Principal Place of Business:**

1194 HILLSBORO MILE  
8  
HILLSBORO BEACH, FL 33062

**Current Mailing Address:**

PO B 1563  
POMPOMO BEACH, FL 33061

**New Mailing Address:**

FEI Number: 65-1081155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GARMAN, GUY  
3801 S OCEAN DR 4Z  
HOLLYWOOD, FL 33019      US

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

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: OLSON, RICHARD W  
Address: 9864 MARINA BLVD., A 923  
City-St-Zip: BOCA RATON, FL 33428

Title: D      ( ) Delete  
Name: GRAHAM, JOHN  
Address: 1194 HILLSBORO MILE #8  
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: D      ( ) Delete  
Name: KING, FREDRICK P  
Address: 22250 TEMPO WAY  
City-St-Zip: BOCA RATON, FL 33428

Title: D      ( ) Delete  
Name: MORALES, DANNY  
Address: 200 NW 18 ST  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D      ( ) Delete  
Name: NOVOA, GUILLERMO  
Address: 4760 N.W. 5TH CT.  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D      ( ) Delete  
Name: BATEK, JOYCE  
Address: 2720 S.W. 22 AVE.  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: GRAHAM, JOHN A  
Address: 1194 HILLSBORO MILE # 8  
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: D      (X) Change ( ) Addition  
Name: MAULE, GRAYSON  
Address: 1831 SW 139 AVE  
City-St-Zip: DAVIE, FL 33325

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: NOVOA, GUILLERMO  
Address: 4760 NW 5 COURT  
City-St-Zip: COCONUT CREEK, FL 33063

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN A. GRAHAM

PRES

01/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date