


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

**FILED**  
**Jun 11, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90017 048 \*\*\*\*70.00

**DOCUMENT # N03000007161**

1. Entity Name  
**THE RESTORATION CENTER OF THE UNITED BRETHREN, INC.**



Principal Place of Business: 4280 NW 3 COURT, PLANTATION, FL 33317  
 Mailing Address: 4280 NW 3 COURT, PLANTATION, FL 33317

66427775



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country

3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

05052004 Chg-NP CR2E037 (10/03)

4. FEI Number: **20-0222117** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FRANCOIS, PAUL J**  
 4280 NW 3 COURT  
 PLANTATION, FL 33317

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: FRANCOIS, PAUL J	STREET ADDRESS: 4280 NW 3 COURT	CITY-ST-ZIP: PLANTATION, FL 33317	<input type="checkbox"/> Delete
TITLE: VD	NAME: PIERRE, LIZIANNE J	STREET ADDRESS: 3391 NW 42 ST	CITY-ST-ZIP: LAUDERDALE LAKES, FL 33300	<input type="checkbox"/> Delete
TITLE: SD	NAME: EXANTUS, PAUL	STREET ADDRESS: 3391 NW 42 ST	CITY-ST-ZIP: LAUDERDALE LAKES, FL 33300	<input type="checkbox"/> Delete
TITLE: TD	NAME: NOEL, LEROY	STREET ADDRESS: 2151 NW 76 AVE	CITY-ST-ZIP: MARGATE, FL 33068	<input type="checkbox"/> Delete
TITLE: VD	NAME: LOUCIUS, DUFRESNE	STREET ADDRESS: 7522 SW 7 ST	CITY-ST-ZIP: NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete
TITLE: D	NAME: RAYMOND, ALCINEUS	STREET ADDRESS: 3030 SW 8 ST	CITY-ST-ZIP: FT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul J Francois*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/2004 (754) 246-1198  
Date One Phone #