



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-25-2005 90240 034 ****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 | | |
| 2. Principal Place of Business 3070 NW 60th Ave Suite, Apt. #, etc. | | 3. Mailing Address 3070 NW 60th Ave Suite, Apt. #, etc. | | |
| City & State SUNRISE Florida | | City & State SUNRISE Fla | | |
| 4. FEI Number 20-0222117 | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 04202005 Chg-NP CR2E037 (10/03) | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | |
| Filing Fee is \$81.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| Make check payable to Florida Department of State | | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD FRANCOIS, PAUL J 4280 NW 3 COURT PLANTATION, FL 33317 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | VD PIERRE, LIZIANNE J 3391 NW 42 ST LAUDERDALE LAKES, FL 33300 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | SD EXANTUS, PAUL 3391 NW 42 ST LAUDERDALE LAKES, FL 33300 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | TD NOEL, LEROY 2151 NW 76 AVE MARGATE, FL 33068 | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | VD LOUCIUS, DUFRESNE 7522 SW 7 ST NORTH LAUDERDALE, FL 33068 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | D RAYMOND, ALCINEUS 3030 SW 8 ST FT LAUDERDALE, FL 33312 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| 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:  | | 5/19/2005 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR | | Date Daytime Phone # | | |

66019916

