FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16560** **(7)**

1. Corporation Name

THE ORGANIZATION FOR THE REHABILITATION OF THE E NVIRONMENT, INC.

Principal Place of Business	Mailing Address
9060 SW 209 CIRCLE DUNNELLON FL 34431	550 NE 25TH AVE OCALA FL 34470 US

3. Date Incorporated or Qualified: 08/28/1986	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2588147	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FINNIGAN, BRIAN
9060 SW 209 CIRCLE
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	FINNIGAN, SHAUN		12 NAME	
STREET ADDRESS	POST OFFICE BOX 2314 N/A		13 STREET ADDRESS	
CITY-ST-ZIP	PORT-AU-PRINCE,HAITI		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MAGLOIRE, ELIASSAINT		22 NAME	
STREET ADDRESS	POST OFFICE BOX 2314 N/A		23 STREET ADDRESS	
CITY-ST-ZIP	PORT-AU-PRINCE, HAITI		24 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FINNIGAN, MONIQUE		32 NAME	
STREET ADDRESS	POST OFFICE BOX 2314 N/A		33 STREET ADDRESS	
CITY-ST-ZIP	PORT-AU-PRINCE,HAITI		34 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	FINNIGAN, BRIAN		42 NAME	
STREET ADDRESS	POST OFFICE BOX 2488 N/A		43 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonore Shullman, CPA 4/30/96 (352) 732-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #