

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001690

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC4469512686**

**Entity Name:** OPERATION RESCUE THE CHILDREN, INC.

**Current Principal Place of Business:**

600 SW THIRD STREET  
6100  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

P.O. B OX 1563  
POMPANO BEACH, FL 33061 US

**FEI Number:** 65-1081155

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title SECRETARY, VP  
Name NOVOA, GUILLERMO  
Address 4760 NW 5 COURT  
City-State-Zip: COCONUT CREEK FL 33063

Title DIRECTOR  
Name ORELLANA, ALFONSO  
Address 600 SW THIRD STREET  
6100  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name THOMPSON, TED  
Address 600 SW THIRD STREET  
6100  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name PARDO, WILMER  
Address 600 SW THIRD STREET  
6100  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name KUHAR, ADRIANA  
Address 600 SW THIRD STREET  
6100  
City-State-Zip: POMPANO BEACH FL 33060

*I hereby 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 all other like empowered.*

**SIGNATURE:** GUILLERMO NOVOA

**SECRETARY**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date