

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001690

**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. BOX 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	D
Name	FERSHTMAN, STEVE
Address	5734 NE 18TH TERRACE
City-State-Zip:	FORT LAUDERDALE FL 33308

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	TREASURER
Name	BATISTA, VICTORIANO
Address	600 SW THIRD STREET 6100
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	ARGUELLES, ORLANDO
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****01/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date