

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 10, 2024
Secretary of State
9500017230CC

Entity Name: THE RESTORATION CENTER OF THE UNITED BRETHREN, INC.

Current Principal Place of Business:

3090 NW 60TH AVE
SUNRISE, FL 33313

Current Mailing Address:

3090 NW 60TH AVE
SUNRISE, FL 33313

FEI Number: 20-0222117

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DUFRESNE, LOUCIUS
7522 SW 7TH STREET
NORTH LAUDERDALE, FL 33068 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: THE RESTORATION CENTER OF THE UNITED BRETHREN, INC. 02/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LOUCIUS, DUFRESNE
Address 7522 SW 7 ST
City-State-Zip: NORTH LAUDERDALE FL 33068

Title VP
Name RAYMOND, ALCINEUS
Address 3030 SW 8 ST
City-State-Zip: FT LAUDERDALE FL 33312

Title SECRETARY
Name GEDEON, EBENE MARCELIM
Address 1965 SW 70TH WAY
City-State-Zip: NORTH LAUDERDALE FL 33068

Title OFFICER
Name EMILCAR, ANITHE
Address 1362 SILVERADO DRIVE
City-State-Zip: NORTH LAUDERDALE FL 33312

Title OFFICER
Name MOIS, OLMS
Address 2565 NW 49 AVENUE
City-State-Zip: LAUDERDALE LAKE FL 33313

Title OFFICER
Name JOSEPH, REMY
Address 1206 SW 75 AVE
City-State-Zip: NORTH LAUDERDALE FL 33068

Title OFFICER
Name GABRIEL , JOSEPH M
Address 6853 NW 30 ST
City-State-Zip: SUNRISE FL 33313

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: DUFRESNE LOUCIUS

02/10/2024

Electronic Signature of Signing Officer/Director Detail

Date