

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007161

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

**FILED**  
**Apr 12, 2022**  
**Secretary of State**  
**3497796211CC**

**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: No**

**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.**

**04/12/2022**

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**

**PRESIDENT**

**04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date