

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007161

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC1686908706**

**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:** No

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

THE RESTORATION CENTER OF THE UNITED BRETHREN  
3090 NW 60TH AVENUE  
SUNRISE , FL 33313 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.

05/01/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name FRANCOIS, PAUL J  
Address 4280 NW 3 COURT  
City-State-Zip: PLANTATION FL 33317

Title PRESIDENT  
Name LOUICIUS, 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 NOEL, JEAN LEROY  
Address 2151 NW 76TH AVENUE  
City-State-Zip: MARGATE FL 33063

Title TREASURER  
Name LUMA, WALDECKS  
Address 1951 SW 36TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title OFFICER  
Name PAUL, EDNER  
Address 317 W. DIXIE COURT  
APT 207  
City-State-Zip: FORT LAUDERDALE FL 33311

Title OFFICER  
Name PRESUME, MARIE  
Address 1213 SILVERADO DRIVE  
City-State-Zip: NORTH LAUDERDALE FL 33311

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

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*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:** JEAN LEROY NOEL

**SECRETARY**

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            BAGURDY, ERESE  
Address        7440 NW 38TH COURT  
City-State-Zip: LAUDERHILL FL 33319