



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90004 014 \*\*\*\*61.25

<b>DOCUMENT # N00000003691</b> 1. Entity Name RESTORATION OUTREACH CENTER, INC.					
Principal Place of Business <b>1520 N.W. MANOR LANE</b> <b>FT LAUDERDALE, FL 33311</b>			Mailing Address <b>1520 N.W. MANOR LANE</b> <b>FT LAUDERDALE, FL 33311</b>		
2. Principal Place of Business <b>23 NW 8th Ave.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Dania Beach, FL</b>		City & State		4. FEI Number <b>65-1027006</b>	
Zip <b>33004</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCOTT, RONALD PASTOR</b> <b>1520 N.W. MANOR LANE</b> <b>FT LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, RONALD PASTOR</b> <b>1520 N.W. MANOR LANE</b> <b>FT LAUDERDALE, FL 33311</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, THELMA</b> <b>210 NW 12th AVE APT 8</b> <b>DANIA BEACH FL 33004</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, PATRICIA</b> <b>1520 N.W. MANOR LANE</b> <b>FT LAUDERDALE, FL 33311</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>WILLIAMS, CURRY</b> <b>1520 NW MANDY LANE</b> <b>FORT LAUDERDALE, FL 33311</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHUNN, ROBERT</b> <b>118 PHIPPEN RD., #3</b> <b>DANIA BEACH, FL 33004</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KING, KENNETH</b> <b>2332 NW 56TH AVE.</b> <b>LAUDERHILL, FL 33313</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERGUSON, GODFREY</b> <b>11431 NW 32ND MANOR</b> <b>SUNRISE, FL 33323</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Ronald Scott, Pastor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>3/14/06</i> Daytime Phone #: <i>954-523-2767</i>		