

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003691

FILED
Apr 22, 2009
Secretary of State

Entity Name: RESTORATION OUTREACH CENTER, INC.

Current Principal Place of Business:

23 NW 8TH AVE
DANIA, FL 33004

New Principal Place of Business:

Current Mailing Address:

1520 NW MANOR LN
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-1027006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, RONALD PASTOR
1520 N.W. MANOR LANE
FT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCOTT, RONALD PASTOR
Address: 1520 N.W. MANOR LANE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: SCOTT, PATRICIA
Address: 1520 N.W. MANOR LANE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: DS () Delete
Name: WILLIAMS, CURRY
Address: 1520 NW MANDY LANE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: CHUNN, ROBERT
Address: 118 PHIPPEN RD., #3
City-St-Zip: DANIA BEACH, FL 33004

Title: D () Delete
Name: SMITH, THELMA
Address: 210 NW 12TH AVE APT 8
City-St-Zip: DANIA, FL 33004

Title: D () Delete
Name: FERGUSON, GODFREY
Address: 11431 NW 32ND MANOR
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD SCOTT

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date