

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001690

FILED
Jan 03, 2005
Secretary of State

Entity Name: OPERATION RESCUE THE CHILDREN, INC.

Current Principal Place of Business:

1194 HILLSBORO MILE
8
HILLSBORO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

PO B 1563
POMPOMO BEACH, FL 33061

New Mailing Address:

FEI Number: 65-1081155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARMAN, GUY
3801 S OCEAN DR 4Z
HOLLYWOOD, FL 33019 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: GRAHAM, JOHN A
Address: 1194 HILLSBORO MILE # 8
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: D () Delete
Name: MAULE, GRAYSON
Address: 1831 SW 139 AVE
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: KING, FREDRICK P
Address: 22250 TEMPO WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: MORALES, DANNY
Address: 200 NW 18 ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: NOVOA, GUILLERMO
Address: 4760 NW 5 COURT
City-St-Zip: COCONUT CREEK, FL 33063

Title: D () Delete
Name: BATEK, JOYCE
Address: 2720 S.W. 22 AVE.
City-St-Zip: DELRAY BEACH, FL 33445

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN GRAHAM

D

01/03/2005

Electronic Signature of Signing Officer or Director

Date