

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000346

FILED
Jul 02, 2004
Secretary of State

Entity Name: REPAIRER OF THE BREACH, INC.

Current Principal Place of Business:

5010 NW 16TH STREET
LAUDERHILL, FL 333135528

New Principal Place of Business:

Current Mailing Address:

5010 NW 16TH STREET
LAUDERHILL, FL 333135528

New Mailing Address:

FEI Number: 65-1107395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELSON, EDITH A
5010 NW 16TH STREET
LAUDERHILL, FL 333135528

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: KEYS, W. PATRICIA
Address: 1324 W. 33 STREET
City-St-Zip: RIVERA BEACH, FL 33407

Title: D () Delete
Name: DORSEY, HERMAN
Address: 1970 NW 47 AVENUE
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: BOYD-DORSEY, ERMA J
Address: 1970 NW 47 AVENUE
City-St-Zip: LAUDERHILL, FL 333135528

Title: P () Delete
Name: KELSON, EDITH A
Address: 5010 NW 16TH STREET
City-St-Zip: LAUDERHILL, FL 333135528

Title: V () Delete
Name: HURLEY, MARGARET
Address: 4030 NW 54 COURT
City-St-Zip: COCONUT CREEK, FL 33313

Title: T () Delete
Name: BRYANT, PATRICIA
Address: 4861 NW 20 STREET
City-St-Zip: LAUDERHILL, FL 33313

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
Name:
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: EDITH A. KELSON

D

07/02/2004

Electronic Signature of Signing Officer or Director

Date