

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000346

FILED  
Aug 30, 2008  
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:**

5010 NW 16TH STREET  
LAUDERHILL, FL 333135528 US

**Current Mailing Address:**

5010 NW 16TH STREET  
LAUDERHILL, FL 333135528

**New Mailing Address:**

5010 NW 16TH STREET  
LAUDERHILL, FL 333135528 US

**FEI Number:** 65-1107395      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KELSON, EDITH A  
5010 NW 16TH STREET  
LAUDERHILL, FL 333135528 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: KEYS, W. PATRICIA  
Address: 5010 NW 16 ST  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: DORSEY, HERMAN  
Address: 5010 NW 16 ST  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: BOYD-DORSEY, ERMA J  
Address: 5010 NW 16 ST  
City-St-Zip: LAUDERHILL, FL 33313

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: 5010 NW 15 ST  
City-St-Zip: LAUDERHILL, FL 33313

Title: T ( ) Delete  
Name: BRYANT, PATRICIA  
Address: 5010 NW 16 ST  
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 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: EDITH A. KELSON

MS

08/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date