

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007161

FILED
Jun 10, 2009
Secretary of State

Entity Name: THE RESTORATION CENTER OF THE UNITED BRETHERN, INC.

Current Principal Place of Business:

3090 NW 60TH AVE
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

3090 NW 60TH AVE
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 20-0222117 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

FRANCOIS, PAUL J
4280 NW 3 COURT
PLANTATION, FL 33317 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: PD () Delete
Name: FRANCOIS, PAUL J
Address: 4280 NW 3 COURT
City-St-Zip: PLANTATION, FL 33317

Title: VD () Delete
Name: FRANCOIS, YOLENE J
Address: 4280 NW 3 COURT
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: EXANTUS, PAUL
Address: 3391 NW 42 ST
City-St-Zip: LAUDERDALE LAKES, FL 33300

Title: VD () Delete
Name: LOUCIUS, DUFRESNE
Address: 7522 SW 7 ST
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D (X) Delete
Name: RAYMOND, ALCINEUS
Address: 3030 SW 8 ST
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D (X) Delete
Name: MESIDOR, SIDERLIO
Address: 5843 NW 22 COURT
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: VD (X) Change () Addition
Name: LOUCIUS, DUFRESNE
Address: 7522 SW 7 ST
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D (X) Change () Addition
Name: RAYMOND, ALCINEUS
Address: 3030 SW 8 ST
City-St-Zip: FT LAUDERDALE, FL 33312

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: PAUL J FRANCOIS

PD

06/10/2009

Electronic Signature of Signing Officer or Director

Date