

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002584

FILED
Jul 17, 2006
Secretary of State

Entity Name: THE HOUSE OF RUTH RESTORATION CENTER, INC.

Current Principal Place of Business:

1289 WEST 35TH STREET
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1289 WEST 35TH STREET
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

LINDSEY, LONIE M
1289 WEST 35TH STREET
RIVIERA BEACH, FL 33404 US

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: LINDSEY, LONIE M
Address: 1289 WEST 35TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: PD () Delete
Name: JONES, ANDREW J
Address: 1289 WEST 35TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: CD () Delete
Name: RAWLS, BETTY
Address: 811 ISLAND SHORES DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: T () Delete
Name: HARDNETT, ANGRINETTE B
Address: 2135 WARE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S () Delete
Name: WESTERMAN, YVONNE
Address: 4377 JUNIPER TERRACE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: LINDSEY, LONIE M
Address: 1289 WEST 35TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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

Title: D (X) Change () Addition
Name: RAWLS, BETTY
Address: 811 ISLAND SHORES DRIVE
City-St-Zip: GREENACRES, FL 33413

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

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

Title: CD () Change (X) Addition
Name: BURGESS, MWALIMU, DAVID R DR
Address: 992 COURSE RIDGE DRIVE
City-St-Zip: LITHONIA, GA 30058

I hereby certify that the information supplied with this filing does not qualify for the 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: LONIE M LINDSEY

ED

07/17/2006

Electronic Signature of Signing Officer or Director

Date