

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004118

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: RETROUVAILLE OF ORLANDO, INC.

## Current Principal Place of Business:

800 N FERNCREEK AVE  
ORLANDO, FL 32803

## New Principal Place of Business:

## Current Mailing Address:

800 N FERNCREEK AVE  
ORLANDO, FL 32803

## New Mailing Address:

FEI Number: 20-8562569      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:

## Name and Address of New Registered Agent:

PIERCE, JOHN G  
PIERCE AND ASSOCIATES, P.L.C.  
800 NORTH FERNCREEK AVE  
ORLANDO, FL 32803 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: ZAMBORSKY, BILL  
Address: 2309 HOLDER ROAD  
City-St-Zip: MIMS, FL 32754 US

Title: D ( ) Delete  
Name: MILMORE, FRANK  
Address: 1099 SHAFFER TRAIL  
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Delete  
Name: KARP, WILLIAM  
Address: 620 ANDERSON COURT  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: D ( ) Delete  
Name: HOUSEMAN, STEVE  
Address: 1433 BROOKSIDE AVENUE  
City-St-Zip: KISSIMMEE, FL 33474 US

Title: D ( ) Delete  
Name: BROOKFIELD, CURTIS  
Address: 6421 WINDER OAKS BLVD.  
City-St-Zip: ORLANDO, FL 32819 US

Title: D ( ) Delete  
Name: CONOD, JOHN  
Address: 13227 BISCAYNE DRIVE  
City-St-Zip: GRAND ISLAND, FL 32735 US

## 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: WILLIAM KARP

D

07/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date