

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90183 046 ****61.25

DOCUMENT # N07000005588

1. Entity Name
**ASSOCIATION FOR THE RESTORATION OF CHILDREN,
INC.**



Principal Place of Business
**3837 FALLINGLEAF LANE
ORLANDO, FL 32810**

Mailing Address
**PO BOX 607067
ORLANDO, FL 32860**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-8709134

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORDE, RUTH
3837 FALLINGLEAF LANE
ORLANDO, FL 32810**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**P
FORDE, RUTH
3837 FALLINGLEAF LANE
ORLANDO, FL 32810**

TITLE
NAME
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TITLE
NAME
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**S
FORDE, NATHAN
3837 FALLINGLEAF LANE
ORLANDO, FL 32810**

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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
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**D
CAREY, PHILLIP DR.
2205 COPPERSTONE DR
HIGH POINT, NC 27265**

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TITLE
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**D
HUMPHREY, WAYNE
3541 KARIBA CT
KISSIMMEE, FL 34744**

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TITLE
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**D
MOORE, ERIC DR.
3468 FOXTON CT
OVIEDO, FL 32765**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Ruth Forde*