

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005588

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3837 FALLINGLEAF LANE  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 607067  
ORLANDO, FL 32860

**New Mailing Address:**

**FEI Number:** 20-8709134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORDE, RUTH  
3837 FALLINGLEAF LANE  
ORLANDO, FL 32810 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:** P  
**Name:** FORDE, RUTH  
**Address:** 3837 FALLINGLEAF LANE  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** S  
**Name:** FORDE, NATHAN  
**Address:** 3837 FALLINGLEAF LANE  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** D  
**Name:** CAREY, PHILLIP DR.  
**Address:** 2205 COPPERSTONE DR  
**City-St-Zip:** HIGH POINT, NC 27265

**Title:** D  
**Name:** MOORE, ERIC DR.  
**Address:** 3468 FOXTON CT  
**City-St-Zip:** OVIEDO, FL 32765

I hereby 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 all other like empowered.

**SIGNATURE:** RUTH C. FORDE

P

04/24/2011

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

\_\_\_\_\_  
Date