

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007054

FILED
Jul 19, 2011
Secretary of State

Entity Name: RESTORATION OUTREACH CHRISTIAN KARE CENTER, INC.

Current Principal Place of Business:

249 BELLAGIO CIRCLE
SUITE 111
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

249 BELLAGIO CIRCLE
SUITE 111
SANFORD, FL 32771

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GARCIA, ELSA
11208 HILLWOOD DRIVE
SANFORD, FL 32771 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
Name: LUMPKIN, LENORE
Address: 314 RACHELLE AVENUE #1017
City-St-Zip: SANFORD, FL 32771

Title: VD
Name: HILL, MAURICE
Address: 314 RACHELLE AVENUE #1017
City-St-Zip: SANFORD, FL 32771

Title: D
Name: DAISY, LAKE
Address: 1505 FILBERT STREET
City-St-Zip: GLASSBORO, NJ 08028

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: MAURICE HILL

PRES

07/19/2011

Electronic Signature of Signing Officer or Director

Date