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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N25199

(3)

OPERATION RESTORATION, INC.						
Principal Place	of Business	Mailing Address) (9)(A(8)) B(8)(A(8)) A(8)	, 41910 61810 1480
4501 SPRUCE AVE 507 SUPERIOR PLACE WEST PALM BEACH FL 33407		4501 SPRUCE AVE 507 SUPERIOR PLACE WEST PALM BEACH FL 33407		Date Incorporated or Qualified	3a. Date of Last	Report
US		U\$		03/03/1988	07/20/1	
2. Principal Pla	ce of Business SPRUCE AVE	2a. Mailing Address, 26 450l SPRUC	e Ave	4. FEI Number 65-0097336		Applied For Not Applicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State		City & State	ean El	6. Election Campaign Financing		00 May Be
23 WEST Zip	TALM BEACH, FL Country	28 WEST TALM D	Country	Trust Fund Contribution 8. This corporation has liability for	Adde	ed to Fees s. 199.032.
24 3340		⊸ا فعم مصابحا	o USA		☐ Yes X No	,
241 041-	9. Name and Address of Current			10. Name and Address of New F	tegistered Agent	
			81 Name			
ARCHER-	STANEY, LORNA		82 Street Add	ress (P.O. Box Number is Not Acceptat	yle)	
4501 SPRUCE AVE WEST PALM BEACH FL 33407			83			
WESTER	ILM BEACH FL 33407					t out
			B4 City		FL	rip Code
11. Pursuant to	o the provisions of Sections 617.0502	and 617,1508, Florida Statutes,	the above-named corpo	ration submits this statement for the pu rd of directors. I hereby accept the app	rpose of changing its	registered office d agent. Lam
or registere familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	a. Such change was authorized to on 617.0503, Florida Statutes.	Dy 10 corporation s boo	The Control of the Co	11/20/06	G agoni, r ann
SIGNATURE	LORNA STANLEY	, tres.	Tornoe X	Kanley	4/24/96	
	Signature, typed or printed name of registered agent a		Registered Agent signatur require 13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	OBS IN 12
12. TITLE	OFFICERS AND	DELETE		·	Change.	
NAME	WATERMAN, DORRETT	hand to be a comment	12 NAME	BURIOUEZ, LASCELLA	5 \$	_
STREET ADDRESS	5285 MARCIA PL		1.3 STREET ADDRESS	2725 KINGSWAY R	D	ļ
CITY-ST-ZIP	W PALM BEACH FL			UGLLINGTON, FL 33	414	
TITLE	S	□D€LETE	2.1 TITLE		☐ Change	☐ Addition
NAME	MCNTOSH, MARCELLA		2.2 NAME			
STREET ADDRESS	1089 NBENOIST FARMS RD 3	01	2.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL		2 4 CITY-ST-ZIP			
TITLE	D	DEFELE	3.1 TITLE		Change	: 🔲 Addition
NAME	OVETT, JAYNE	•	3.2 NAMÉ			
STREET ADDRESS	1917 BAYTHORNE RD		3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-ST-ZIP		Chance	Addition
TITLE	D	DELETE	4.1 TITLE		Change	Addition
NAME	JACKS, GRAHAM		4. 2 NAME			
STREET ADDRESS	302 RIVERSIDE DRIVE		4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH GARDEN FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	e
TITLE	D Bell, Michael	Clotter	5.2 NAME			-
NAME	1346 12TH FAIRWAY		5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS	WELLINGTON FL		5.4 CITY-ST-ZIP			
CITY - ST - ZIP	PD	DELETE	6.1 TITLE		Change	e 🔲 Addition
NAME	STANLEY, LORNA ARCHER	F-3	62 NAME		- •	
STREET ADDRESS	5285 MARCIA PLACE		6.3 STREET ADDRESS			i
	W. PALM BEACH FL		6.4 CITY-ST-ZIP			
CiTY-ST-ZIP	by certify that the information supplied	with this filing is voluntarily furnish	ned and does not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida Stat	iutes. I further

SIGNATURE: