

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25199

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** FRIENDS OF OPERATION RESTORATION, INC.

**Current Principal Place of Business:**

3205 GARDENS EAST DR UNIT A  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

4223 GEORGIA AVE  
WEST PALM BEACH, FL 33405 US

**Current Mailing Address:**

3205 GARDENS EAST DR UNIT A  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

PO BOX 6634  
WEST PALM BEACH, FL 33405 US

**FEI Number:** 65-0097336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACEVEDO, SHEILA D  
3205 GARDENS EAST DRIVE  
UNIT A  
PALM BEACH GARDENS, FL 33410 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: ACEVEDO, SHEILA D  
Address: 3205 GARDENS E. DRIVE, UNIT A  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VD  
Name: ARCHER-STANLEY, LORNA  
Address: 12725 KINGSWAY RD.  
City-St-Zip: WELLINGTON, FL 33414 US

Title: SD  
Name: BROWN, IVY G  
Address: 2701 VILLAGE BLVD, STE 402  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: TD  
Name: BEDWARD, CARROL  
Address: 2418 WARE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: TD  
Name: NANGLE, LILLA  
Address: P.O. BOX 8041  
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: PRD  
Name: MCINTOSH, MARCELLA M  
Address: 2140 D. WHITE PINE CIRCLE  
City-St-Zip: GREENACRES, FL 33415 US

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:** SHEILA D ACEVEDO

PD

04/21/2011

Electronic Signature of Signing Officer or Director

Date