
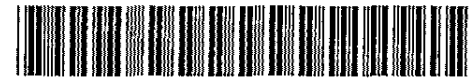


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000422					
1. Entity Name REALISTS OPPOSING ALLEGED RESTORATION (ROAR), INC.					
Principal Place of Business 19455 NW 80TH DR OKEECHOBEE FL 34972			Mailing Address 691 MONTCLAIR AVE ORANGE CITY FL 32763		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent THULLBERY, CAROLYN 691 MONTCLAIR AVE ORANGE CITY FL 32763				7. Name and Address of New Registered Agent 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 <i>Carolyn E. Thullbery</i>		SIGNATURE <i>Carolyn E. Thullbery</i>		DATE <i>02/04/05</i>	
Signature, typed or printed name of registered agent and date if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSSELL, JAN		NAME		
STREET ADDRESS	19840 NW 80TH DR		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		CITY-ST-ZIP		
TITLE	1V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VICKERS, AUDREY		NAME		
STREET ADDRESS	1825 WRIGHT LANE		STREET ADDRESS		
CITY-ST-ZIP	LORIDA FL		CITY-ST-ZIP		
TITLE	2V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRUTH, DEBRA		NAME		
STREET ADDRESS	964 COUNTRY RD 721 LOT 174		STREET ADDRESS		
CITY-ST-ZIP	LORIDA FL 32857		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THULLBERY, CAROLYN E.		NAME		
STREET ADDRESS	2137 NANTUCKET DR.		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGREGOR, JEANITA		NAME		
STREET ADDRESS	19455 N.W. 80TH DR.		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		CITY-ST-ZIP		
TITLE	HIST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, RUTH		NAME		
STREET ADDRESS	19220 NW 80TH DR		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		CITY-ST-ZIP		



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0416021 Applied For Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn E. Thullbery* SECRETARY 02/04/05 386-774-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #