

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90078 037 ****61.25

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

4. FEI Number

65-0416021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THULLBERY, CAROLYN
691 MONTCLAIR AVE
ORANGE CITY FL 32763**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME **P**
STREET ADDRESS **BUSSELL, JAN**
CITY-ST-ZIP **19840 NW 80TH DR
OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **1V**
STREET ADDRESS **VICKERS, AUDREY**
CITY-ST-ZIP **1825 WRIGHT LANE
LORIDA FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **2V**
STREET ADDRESS **FRUTH, DEBRA**
CITY-ST-ZIP **964 COUNTRY RD 721 LOT 174
LORIDA FL 32857**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **THULLBERY, CAROLYN E.**
CITY-ST-ZIP **2137 NANTUCKET DR.
SUN CITY CENTER FL 33573**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **691 MONTCLAIR AVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MCGREGOR, JEANITA**
CITY-ST-ZIP **19455 N.W. 80TH DR.
OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **HIST**
STREET ADDRESS **GRIFFIN, RUTH**
CITY-ST-ZIP **19220 NW 80TH DR
OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

02/03/06 386-774-0577