

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000294 (8)

1. Corporation Name

RESTORE TEAM DEVELOPMENT SCHOOL, INC.



Principal Place of Business

Mailing Address

4530 OLIVIA STREET
ORLANDO FL 32811

4530 OLIVIA STREET
ORLANDO FL 32811

3. Date Incorporated or Qualified
01/20/1994

3a. Date of Last Report
06/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3274203

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

27

City & State

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLOMON, MARK E ESQ.
1661 ORANGE AVENUE
WINTER PARK FL 32789

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ERSKINE	
STREET ADDRESS	4530 OLIVIA STREET	
CITY - ST - ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES	
STREET ADDRESS	4530 OLIVIA STREET	
CITY - ST - ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELANEY, MICHAEL	
STREET ADDRESS	5838 HUTTON DR.	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLSON, BRUCE	
STREET ADDRESS	54 ROSEDOWN BOULEVARD	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATTS, GARY	
STREET ADDRESS	3108 ORLEANS ST	
CITY - ST - ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, ERNEST	
STREET ADDRESS	665 OAKLAND DR.	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Erskine Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21-96-407-644-2049
Date Daytime Phone #

CR2E037 (12/95)