

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000294 (8)**
1. Corporation Name

RESTORE TEAM DEVELOPMENT SCHOOL, INC.



Principal Place of Business 4530 OLIVIA STREET ORLANDO FL 32811		Mailing Address 4530 OLIVIA STREET ORLANDO FL 32811		3. Date Incorporated or Qualified 01/20/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3274203	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SOLOMON, MARK E ESO.
1681 ORANGE AVENUE
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ERSKINE		1.2 NAME				
STREET ADDRESS	4530 OLIVIA STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JAMES		2.2 NAME				
STREET ADDRESS	4530 OLIVIA STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32811		2.4 CITY-ST-ZIP				
TITLE	D	DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, MICHAEL		3.2 NAME				
STREET ADDRESS	5838 HUTTON DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY-ST-ZIP				
TITLE	D	DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, BRUCE		4.2 NAME				
STREET ADDRESS	54 ROSEDOWN BOULEVARD		4.3 STREET ADDRESS				
CITY-ST-ZIP	DEBARY FL 32713		4.4 CITY-ST-ZIP				
TITLE	D	DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, GARY		5.2 NAME				
STREET ADDRESS	3108 ORLEANS ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	APOPKA FL 32703		5.4 CITY-ST-ZIP				
TITLE	D	DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, ERNEST		6.2 NAME				
STREET ADDRESS	665 OAKLAND DR.		6.3 STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		6.4 CITY-ST-ZIP				

14. 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 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* 2-27-1998 407 522-1615

CR2E037 (10/97)