

FILE NOW: FILING FEE IS \$61:25

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90021 013 \*\*\*\*75.00

0017677

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000000294**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**01/20/1994**

4. FEI Number

**59-3274203**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**SOLOMON, MARK E ESQ.  
1861 ORANGE AVENUE  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

**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

TITLE **P** ☐ DELETE

NAME **WILLIAMS, ERSKINE**  
STREET ADDRESS **4530 OLIVIA STREET**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ DELETE

NAME **WILLIAMS, JAMES**  
STREET ADDRESS **4530 OLIVIA STREET**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ DELETE

NAME **DELANEY, MICHAEL**  
STREET ADDRESS **5838 HUTTON DR.**  
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ DELETE

NAME **OLSON, BRUCE**  
STREET ADDRESS **54 ROSEDOWN BOULEVARD**  
CITY-ST-ZIP **DEBARY FL 32713**

TITLE **D** ☐ DELETE

NAME **WATTS, GARY**  
STREET ADDRESS **3108 ORLEANS ST**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ DELETE

NAME **HOWARD, ERNEST**  
STREET ADDRESS **665 OAKLAND DR.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

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

Date

Daytime Phone #

**5-14-99/352-248-0826**

CR2E037 (1/98)