

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90046 030 ****70.00

DOCUMENT # N95000002615					
1. Entity Name SOUTHEAST AREA ASSOCIATION OF RESTORATION BRANCHES, INC.					
Principal Place of Business CENTRAL FL. RESTORATION BRANCH 682 MASON AVE. APOPKA, FL 32703-4429 US			Mailing Address SEAARB 1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3349 SASSAFRAS CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO FLORIDA		4. FEI Number 59-3318519	
Zip		Country 32810 ORANGE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01172008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent GILMORE, DANIEL C 1516 ROCKWELL HEIGHTS DR. DELAND, FL 32724			7. Name and Address of New Registered Agent Name: BRUCE CAMPBELL Street Address (P.O. Box Number is Not Acceptable): 3349 SASSAFRAS COURT City: ORLANDO FL Zip Code: 32810		
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: BRUCE CAMPBELL SEC/TRES 1/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 D NAME GILMORE, DAN STREET ADDRESS 1516 ROCKWELL HEIGHTS DR. CITY-ST-ZIP DELAND, FL 32724 <input checked="" type="checkbox"/> Delete	TITLE PRES NAME VERN ALLEN STREET ADDRESS 4933 SE 40TH TERRACE CITY-ST-ZIP OCALA FL 34480-9517 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE VICE PRESIDENT NAME BRUCE JUDGE STREET ADDRESS 1290 BATON DRIVE CITY-ST-ZIP DELTONA FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME VERCAMEN, DON SR. STREET ADDRESS 12602 LEATRICE DR. CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE D NAME CARLILE, DWIGHT STREET ADDRESS 2061 HANFORD ROAD CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete		TITLE STD NAME CAMPBELL, BRUCE STREET ADDRESS 3349 SASSAFRAS CT. CITY-ST-ZIP ORLANDO, FL 32810 <input type="checkbox"/> Delete		
TITLE D NAME HARTKA, PAUL STREET ADDRESS 47200 EAST AVE CITY-ST-ZIP PAISLEY, FL 32767 <input checked="" type="checkbox"/> Delete	TITLE D NAME HARTKA, PAUL STREET ADDRESS 47200 EAST AVE CITY-ST-ZIP PAISLEY, FL 32767 <input checked="" type="checkbox"/> Delete		TITLE STD NAME CAMPBELL, BRUCE STREET ADDRESS 3349 SASSAFRAS CT. CITY-ST-ZIP ORLANDO, FL 32810 <input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 1/26/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		