

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002615

FILED
Jun 23, 2009
Secretary of State

Entity Name: SOUTHEAST AREA ASSOCIATION OF RESTORATION BRANCHES, INC.

Current Principal Place of Business:

CENTRAL FL. RESTORATION BRANCH
682 MASON AVE.
APOPKA, FL 327034429 US

New Principal Place of Business:

Current Mailing Address:

3349 SASSAFRAS CT
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-3318519 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, BRUCE
3349 SASSAFRAS CT
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, VERN
Address: 4933 SE 40TH TERR
City-St-Zip: OCALA, FL 344808517

Title: D () Delete
Name: VERCAMEN, DON SR.
Address: 12602 LEATRICE DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: STD () Delete
Name: CAMPBELL, BRUCE
Address: 3349 SASSAFRAS CT.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COOK, ART
Address: 865 SOUTH BUENA VISTA
City-St-Zip: LAKE ALFRED, FL 33850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE L CAMPBELL

STD

06/23/2009

Electronic Signature of Signing Officer or Director

Date