

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003474

FILED
May 01, 2009
Secretary of State

Entity Name: OPERATION RESTORE, INC.

Current Principal Place of Business:

1231 AVENUE T
RIVIERA BEACH, FL 33404

New Principal Place of Business:

1211 AVENUE T
RIVIERA BEACH, FL 33404

Current Mailing Address:

PO BOX 10119
RIVIERA BEACH, FL 33419

New Mailing Address:

FEI Number: 65-0846101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DUKES, LACHANDRA
1231 AVENUE T
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

DUKES, LACHANDRA
1211 AVENUE T
RIVIERA BEACH, FL 33404 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DUKES, PHILLIP M
Address: PO BOX 10119
City-St-Zip: RIVIERA BEACH, FL 33419

Title: STD () Delete
Name: DUKES, LACHANDRA B
Address: PO BOX 10119
City-St-Zip: RIVIERA BEACH, FL 33419

Title: VP () Delete
Name: KING, MICHAEL
Address: PO BOX 10119
City-St-Zip: RIVIERA BEACH, FL 33419

Title: PD () Delete
Name: WRIGHT, ROOSEVELT
Address: PO BOX 10119
City-St-Zip: RIVIERA BEACH, FL 33419

Title: MGRM () Delete
Name: BENNETT, ANTOINETTE
Address: PO BOX 10119
City-St-Zip: RIVIERA BEACH, FL 33419

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PHILLIP M. DUKES

CEOD

05/01/2009

Electronic Signature of Signing Officer or Director

Date