

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90227 050 ****61.25

DOCUMENT # N99000005804

1. Entity Name

ST. FRANCIS CENTER FOR RESTORATION, INC.

Principal Place of Business

2010 OAK STREET
 MELBOURNE BEACH FL 32951

Mailing Address

2010 OAK STREET
 MELBOURNE BEACH FL 32951

00011100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3601474

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOENIG, E. WALTER
 3635 S. HWY A1A
 APT 401
 MELBOURNE BEACH FL 32951

Name *Edward W. Koenig*
 Street Address (P.O. Box Number is Not Acceptable) *3635 So Hwy A1A Apt 401*
 City *Melbourne Beach* FL Zip Code *32951*

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	KOENIG, E. WALTER JR.	3635 S. HWY A1A #401	MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	KOENIG, RENE B	3635 S. HWY A1A #401	MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	COLLINS, PERRY W	255 PARADISE BLVD., #21	INDIALANTIC FL 32903	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD	JONES, SHARON F	333 SEABREEZE DRIVE	INDIALANTIC FL 32903	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
M	BRUCKART, ROBERT M	2327 ST. ANDREWS CIRCLE	MELBOURNE FL 32901	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

CR2E037 (10/00)

12. 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 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:

WALTER KOENIG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 321
 Date Daytime Phone #