

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90181 014 ****70.00

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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4. FEI Number **59-3601474** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOENIG, E. WALTER
 5635 SO HWY A1A
 APT 401
 MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 E. Walter Koenig (NOTE: Registered Agent signature required when reinstating) DATE 1/15/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIG, E. WALTER JR.	
STREET ADDRESS	5635 S HWY A1A # 401	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOENIG, RENE B	
STREET ADDRESS	5635 S HWY A1A # 401	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, PERRY W	
STREET ADDRESS	255 PARADISE BLVD., #21	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, SHARON F	
STREET ADDRESS	333 SEABREEZE DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	M	<input type="checkbox"/> Delete
NAME	BRUCKART, ROBERT M	
STREET ADDRESS	2327 ST. ANDREWS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: E. Walter Koenig Date: 1/15/02 321-726-9265

CR2E037 (9/01)