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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715012 (1)

1. Corporation Name
THE CREATIVE LIFE CENTER FOR POSITIVE LIVING, IN C.

000001526760
-06/29/95--01036--003
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2821 SKYVIEW DRIVE LAKELAND FL 33801	2821 SKYVIEW DRIVE LAKELAND FL 33801

3. Date Incorporated or Qualified: 07/25/1968
3a. Date of Last Report: 06/08/1994
4. FEI Number: 59-1714179 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARTINGTON, GEORGE
1431 SHORES ACRES DRIVE
LAKELAND FL 33801

NO

10. Name and Address of New Registered Agent

81 Name: HELEN FISHER
82 Street Address (P.O. Box Number is Not Acceptable): 1511 SPRUCE DRIVE
83
84 City: LAKELAND FL 85 Zip Code: 33801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: * MRS. HELEN FISHER (Signature, typed or printed name of registered agent and title if applicable.) * Helen S. Fisher (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S ☐ Change ☑ Addition
NAME	CHULIK, CORINE	1.2 NAME	Louise Tanner
STREET ADDRESS	5911 SANTA FE RIVER DR	1.3 STREET ADDRESS	Bx 1790
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Winterhaven, fl. 33880
TITLE	PD	2.1 TITLE	PD ☐ Change ☐ Addition (Address)
NAME	HAMBRICK, TROY	2.2 NAME	Hambrick, Troy
STREET ADDRESS	2231 HONEYCOMB LANE	2.3 STREET ADDRESS	1012 Lake Lure Loop E.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL. 33801 ☑ Change ☐ Addition
TITLE	VP	3.1 TITLE	~~P~~ C
NAME	CHULIK, CORRINE	3.2 NAME	Minnie Nopa
STREET ADDRESS	5911 SANTA FE RIVER DRIVE	3.3 STREET ADDRESS	PO. Box 1283
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Bartow, fl. ☐ Change ☐ Addition
TITLE	TD	4.1 TITLE	C
NAME	FISHER, HELEN	4.2 NAME	Douglas, Nina (Same)
STREET ADDRESS	1511 SPRUCE DRIVE	4.3 STREET ADDRESS	1670 seventeenth ave. N.W.
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Winter Haven, fl. 33880 ☐ Change ☐ Addition
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	DOUBLAS, NINA	5.2 NAME	
STREET ADDRESS	1670 SEVENTEENTH AVENUE, NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	REMITTED BY MAY 1
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	KC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TROY HAMBRICK * March 23, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Corporate Filing #)

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