2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# 717377

Entity Name: COMMUNITY TREATMENT CENTER, INC.

Current Principal Place of Business:

1215 LAKE DRIVE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1215 LAKE DRIVE
COCOA, FL 32922

New Mailing Address:

FEI Number: 23-7061960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORI, JENKINS CEO
1215 LAKE DR
COCOA, FL 32922 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: C
Name: KEITH, BROCKHOUSE CHAIR
Address: 590 SOLUTIONS WAY, SUITE 100
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: V
Name: THERESA, CLIFTON VICE
Address: 2530 RAINTREE LAKE CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: T
Name: JUDY, IVEY TREAS
Address: 275 EAGLE LN.
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: S
Name: MITCHELL, ROSE SEC
Address: 2604 TOMOKA AVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: B
Name: MIKE, KELLEY B
Address: 319 RIVEREDGE BLVD
City-St-Zip: COCOA, FL 32922 US

Title: B
Name: TONY, MARIO B
Address: 319 RIVEREDGE BLVD
City-St-Zip: COCOA, FL 32922 US

I hereby 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 all other like empowered.

SIGNATURE: LORI JENKINS CEO 02/16/2011

Electronic Signature of Signing Officer or Director — Date