

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 719068

FILED
Mar 28, 2002 8:00 AM
Secretary of State

Entity Name: RICHARD H. LEONARD CHRISTIAN TREATMENT CENTER, INC.

Current Principal Place of Business:

1050 KING STREET
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1050 KING STREET
COCOA, FL 32922

New Mailing Address:

FEI Number: 23-7105888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONE, REGINALD
345 POMOLO ST.
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: SD () Delete
Name: GARGNER, FLORIDA
Address: 740 THOMAS LANE
City-St-Zip: COCOA, FL 32922

Title: TD () Delete
Name: JEFFERSON, VIVIAN
Address: 200 BOUNTY ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD () Delete
Name: BECKFORD, ERROL
Address: 35 GRANDVIEW BLVD.
City-St-Zip: COCOA, FL 32926

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: JEFFERSON, VIVIAN
Address: 200 BOUNTY ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD (X) Change () Addition
Name: DANIELS, LINNETTE
Address: 1203 ROSA L. JONES AVE.
City-St-Zip: COCOA, FL 32922

Title: TD () Change (X) Addition
Name: WINDER, LENTON
Address: 12 LEE ST.
City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA V. GRAHAM

ED

03/28/2002

Electronic Signature of Signing Officer or Director

Date