

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90266 011 *****61.25

DOCUMENT # 719068

1. Entity Name.

**RICHARD H. LEONARD CHRISTIAN TREATMENT
CENTER, INC.**



Principal Place of Business

1050 KING STREET
COCOA FL 32922

Mailing Address

1050 KING STREET
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7105888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~STONE, REGINALD~~
~~345 POMOLO ST.~~
~~COCOA FL 32922~~

Linda V. Graham
3711 Crossbow Dr.
Cocoa, FL 32922

7. Name and Address of New Registered Agent

Name Linda V. Graham

Street Address (P.O. Box Number is Not Acceptable)
3711 Crossbow Drive

City Cocoa,

FL

Zip Code 32926

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda V. Graham
Linda V. Graham, Director

4-12-04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME GARGNER, FLORIDA
STREET ADDRESS 740 THOMAS LANE
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

TITLE PD
NAME DANIELS, LINNETTE
STREET ADDRESS 1203 ROSA L. JONES AVE.
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

TITLE TD
NAME WINDER, LENTON
STREET ADDRESS 12 LEE ST.
CITY-ST-ZIP COCOA FL 32926 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME Angela Croom
STREET ADDRESS 2197 Deercroft Drive
CITY-ST-ZIP Melbourne, FL 32940 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Linda V. Graham Linda V. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

(321)

Daytime Phone #

636-2531