2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90548 030 ****61.25

DOCUMENT # 719068

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

20035471

Principal Place of Business	Mailing Address
1050 KING STREET COCOA, FL 32922	1050 KING STREET COCOA, FL 32922

04012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
— none	PO Box 3127
Suite, Apt. #, etc. — none	Suite, Apt. #, etc.
City & State none	City & State Cocoa FL
Zip / Country none	Zip / Country 32924-3127 U.S.A.

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	7. Name and Address of New Registered Agent
GRAHAM, LINDA V 3711 CROSSHAW DRIVE COCOA, FL 32926	Name: Valerie B. Wilson Street Address (P.O. Box Number is Not Acceptable): 945 Georgia Ave City: Rockledge FL Zip Code: 32955

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 Valerie B. Wilson — Valerie B Wilson - President — 4-12-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARGNER, FLORIDA 740 THOMAS LANE COCOA, FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DANIELS, LINNETTE 1203 ROSA L. JONES AVE. COCOA, FL 32922	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Valerie B Wilson 945 Georgia Ave Rockledge, FL 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CROOM, ANGELA 2197 DEERCROFT DRIVE MELBOURNE, FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Valerie B. Wilson — President — 4-12-05 — 321-694-8437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #