2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# 719068

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:

PO BOX 3127
COCOA, FL 329243127

New Mailing Address:

FEI Number: 23-7105888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, VALERIE B
945 GEORGIA AVE
ROCKLEDGE, FL 32955 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: PD ( ) Delete
Name: VILSON, VALERIE B
Address: 945 GEORGIA AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete
Name: CROOM, ANGELA
Address: 2197 DEERCROFT DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: GARDNER, FLORIDA
Address: 740 THOMAS LANE
City-St-Zip: COCOA, FL 32922

Title: PD (X) Change ( ) Addition
Name: WILSON, VALERIE B
Address: 945 GEORGIA AVE
City-St-Zip: ROCKLEDGE, FL 32955

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: VALERIE BRANT-WILSON PD 05/01/2006

Electronic Signature of Signing Officer or Director — Date