

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008037

FILED
Apr 29, 2006
Secretary of State

Entity Name: CEDAR CREEK LIFE CENTER, INC.

Current Principal Place of Business:

280 E. MERRITT AVE.
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

280 E. MERRITT AVE.
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3756239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, BETTY A
2080 NEWFOUND HARBOR DR.
MERRITT ISLAND, FL 32952 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: DP () Delete
Name: FLECK, ROGER
Address: 490 DIANA BLVD.
City-St-Zip: MERRITT ISLAND, FL

Title: D () Delete
Name: FLECK, MARCY
Address: 490 DIANA BLVD.
City-St-Zip: MERRITT ISLAND, FL

Title: D () Delete
Name: SHEEN, RAY
Address: 280 E. MERRITT AVE.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: V () Delete
Name: COOK, CLARENCE
Address: 4155 SAN YSIDRO WAY
City-St-Zip: ROCKLEDGE, FL

Title: TD () Delete
Name: HUGHES, BETTY A
Address: 2080 NEW FOUND HARBOR DR.
City-St-Zip: MERRITT ISLAND, FL 329522841

Title: S () Delete
Name: HEATHCOTE, PAULINE
Address: 775 PLANTATION RD.
City-St-Zip: MERRITT ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KAUN, KIM
Address: 1285 GIRARD BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V (X) Change () Addition
Name: BROWN, AUGUST
Address: 4191 TIMOTHY DR
City-St-Zip: MERRITT ISLAND, FL 32953

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

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: BETTY A HUGHES

TREA

04/29/2006

Electronic Signature of Signing Officer or Director

Date