2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N01000008037

Entity Name: CEDAR CREEK LIFE CENTER, INC.

Current Principal Place of Business:

4279 JUDIT AVE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

4279 JUDITH AVE
MERRITT ISLAND, FL 32953

Current Mailing Address:

490 DIANA BLVD
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3756239 **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:

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:	VP	( ) Delete
Name:	MILL, IRA	
Address:	1260 GREENSIDE CIR	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	DT	( ) 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:	VP	(X) Change ( ) Addition
Name:	HILL, IRA	
Address:	1260 GREENSIDE CIR	
City-St-Zip:	ROCKLEDGE, FL 32955	
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 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 DT 06/23/2009
Electronic Signature of Signing Officer or Director — Date