

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007007

FILED
Apr 26, 2008
Secretary of State

Entity Name: THE ROCK COUNSELING, RESIDENTAL AND TREATMENT CENTER, INC.

Current Principal Place of Business:

3007 S. SEMORAN BLVD STE #125
ORLANDO, FL 32822

New Principal Place of Business:

5104 N. ORANGE BLOSSOM TRAIL
216
ORLANDO, FL 32810

Current Mailing Address:

3007 S. SEMORAN BLVD STE #125
ORLANDO, FL 32822

New Mailing Address:

5104 N. ORANGE BLOSSOM TRAIL
216
ORLANDO, FL 32810

FEI Number: 36-4612159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLETON, LARRY H
4767 NEW BROAD STREET
ORLANDO, FL 32814 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: FARMER, SHEILA R
Address: 3007 S. SEMORAN BLVD STE #125
City-St-Zip: ORLANDO, FL 32822

Title: DV () Delete
Name: BOSTON, LANIECA
Address: 4908 EAGLESMERE DRIVE STE #217
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LANIECA BOSTON

DV

04/26/2008

Electronic Signature of Signing Officer or Director

Date