I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: MARKUS BISHOP

L

Electronic Signature of Signing Officer/Director Detail

R,

Officer/Director Detail :				
Title	PD	Title	SECRETARY, TREASURER,	
Name	BISHOP, MARKUS Q	Name	DIRECTOR, STD CAPRA. SANDRA	
Address	9721 THOMAS DRIVE		- , -	
City-State-Zip:	PANAMA CITY BEACH FL 32408	Address	3932 BALSAM DRIVE	
		City-State-Zip:	NICEVILLE FL 32578	
Title	VPD			
Name	WATSON, VIRGINIA LEE			
Address	4907 GASTON AVENUE			

City-State-Zip: DALLAS TX 75214

Name and Address of Current Registered Agent:
BISHOP, MARKUS Q 9721 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US
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:

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756011

Entity Name: RECOVERY COMMUNITIES, INC

Current Principal Place of Business:

9721 THOMAS DRIVE PANAMA CITY BEACH, FL 32408

Current Mailing Address:

9721 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US

FEI Number: 59-2045549

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Electronic Signature of Registered Agent

FILED Jan 19, 2020 **Secretary of State** 8331576157CC

Certificate of Status Desired: Yes

Date

01/19/2020 Date