

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005517

**Entity Name:** RECOVERY CIRCLES FOUNDATION, INC.**Current Principal Place of Business:**4931 BONITA BAY BLVD.  
#2603  
BONITA SPRINGS, FL 34134**Current Mailing Address:**4931 BONITA BAY BLVD.  
#2603  
BONITA SPRINGS, FL 34134**FEI Number: 32-0022237****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	V
Name	FORD, WILLIAM SEAN
Address	7 HASTINGS ROAD
City-State-Zip:	WESTON MA 02493

Title	D
Name	FORD, DEBORAH
Address	7 HASTINGS ROAD
City-State-Zip:	WESTON MA 02493

Title	D
Name	FORD, KATHLEEN C
Address	4931 BONITA BAY BLVD. #2603
City-State-Zip:	BONITA SPRINGS FL 34134

Title	D
Name	HOTTINGER, PAUL
Address	1450 GREEN TRAIL DRIVE
City-State-Zip:	NAPERVILLE IL 60540

Title	D
Name	BOYCE, DAVID J
Address	25 FIRST ST
City-State-Zip:	CAMBRIDGE MA 02141

Title	D
Name	FORD, EOWYN
Address	2153 N. OAKLEY
City-State-Zip:	CHICAGO IL 60647

*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.*

**SIGNATURE: KATHLEEN C FORD****PRESIDENT****04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date