

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003132

Entity Name: RECOVERY EPICENTER FOUNDATION, INC.**Current Principal Place of Business:**1270 ROGERS ST
CLEARWATER, FL 33756**Current Mailing Address:**1270 ROGERS ST
CLEARWATER, FL 33756 US**FEI Number:** 46-5272217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RECOVERY EPICENTER FOUNDATION
1270 ROGERS ST.
CLEARWATER, FL 33756 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:** WILLIAM ATKINSON

06/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CHAIRMAN, DIRECTOR
Name ATKINSON, WILLIAM ROBERT
Address 514 S BETTY LANE
 #3
City-State-Zip: CLEARWATER FL 33756

Title S
Name SCOTT, JESSICA LEIGH
Address 1601 DELAWARE AVE NE
City-State-Zip: ST PETERSBURG FL 33703

Title EXECUTIVE DIRECTOR, CEO
Name ATKINSON, WILLIAM ROBERT IV
Address 514 S BETTY LN
City-State-Zip: CLEARWATER FL 33756

Title T
Name COOK, CHRISTINE
Address 1270 ROGERS ST
City-State-Zip: CLEARWATER FL 33756

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: WILLIAM ATKINSON**EXECUTIVE DIRECTOR**

06/07/2020

Electronic Signature of Signing Officer/Director Detail

Date