

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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

10/08/2019

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

**PRESIDENT**

10/08/2019

Electronic Signature of Signing Officer/Director Detail

Date