

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45767

Entity Name: A LIFE RECOVERY CENTER, INC.

Current Principal Place of Business:

449 W GEORGIA ST
TALLAHASSEE, FL 32304

Current Mailing Address:

449 W GEORGIA ST
TALLAHASSEE, FL 32304 US

FEI Number: 59-3099155

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPENCER, GWENDOLYN ESQ.
3656 SHAMROCK ST EAST
TALLAHASSEE, FL 32308 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: GWENDOLYN SPENCER

04/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HOUSTON, JAMES
Address 3113 MAE RD.
City-State-Zip: TALLAHASSEE FL 32312

Title CHAIRMAN
Name MCALLISTER, JULIUS H
Address 501 WEST ORANGE AVE
City-State-Zip: TALLAHASSEE FL 32301

Title SECY
Name HILL, ROSE
Address 715 SPRINGSAX RD
City-State-Zip: TALLAHASSEE FL 32305

Title TREA
Name ALLBAUGH, HEATH
Address 1566 HARBOUR CLUB DRIVE
City-State-Zip: TALLAHASSEE FL 32308

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: JAMES HOUSTON

BOARD CHAIR

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date