


FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715012 (1)
 1. Corporation Name
THE CREATIVE LIFE CENTER FOR POSITIVE LIVING, IN C.



Principal Place of Business 2621 SKYVIEW DRIVE LAKELAND FL 33801	Mailing Address 2621 SKYVIEW DRIVE LAKELAND FL 33801
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3. Date Incorporated or Qualified 07/25/1968		
4. FEI Number 59-1714179	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**FISHER, HELEN
 1511 SPRUCE DR
 LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, LOUISE	1.2 NAME	ALDAN K. SAMAHA
STREET ADDRESS	P.O. BOX 1780 N/A	1.3 STREET ADDRESS	4733 DIMBATH DR.
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMBRICK, TROY	2.2 NAME	MARCO LEVESQUE
STREET ADDRESS	1012 LAKE LURE LOOP E.	2.3 STREET ADDRESS	3815 GARNET DR.
CITY-ST-ZIP	LAKELAND FL 33308-1	2.4 CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMBRICK, DENE'	3.2 NAME	
STREET ADDRESS	1012 LAKE LORE LOOP E	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, NINA	4.2 NAME	
STREET ADDRESS	1670 SEVENTEETH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, BARBARA	5.2 NAME	
STREET ADDRESS	1125 STONEBROOKE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, HELEN	6.2 NAME	
STREET ADDRESS	1511 SPRUCE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helen S. Fisher* **HELEN S. FISHER 2-4-98 941-665-2301**

CFR2037 (10/97)