

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723542

FILED
Jan 08, 2008
Secretary of State

Entity Name: THE CENTER FOR DRUG FREE LIVING, INC.

Current Principal Place of Business:

3670 MAGUIRE BOULEVARD
200
ORLANDO, FL 32853 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 538350
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 59-1532941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, JOSEPH I ESQ.
201 S. ORANGE AVE., STE. 1100
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GOLDSTEIN, JOSEPH
Address: 201 S. ORANGE AVE., STE. 1100
City-St-Zip: ORLANDO, FL 32801

Title: C () Delete
Name: EHRLICH, GARY
Address: 2400 SOUTH INTERNATIONAL DRIVE
City-St-Zip: ORLANDO, FL 3282

Title: D () Delete
Name: BURUEZO, CARLOS
Address: 300 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: VOSS, JEFFREY R
Address: 6100 PAYNE STEWARTDRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: PD () Delete
Name: JACOBS, RICHARD
Address: 3670 MAGUIRE BOULEVARD
City-St-Zip: ORLANDO, FL 32803

Title: V () Delete
Name: DAVES, RICHARD
Address: 3670 MAGUIRE BOULEVARD, SUITE 200
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GRANT, THOMAS
Address: 201 SOUTH ORANGE AVENUE, SUITE 1350
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD DAVES

V

01/08/2008

Electronic Signature of Signing Officer or Director

Date