2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# 723542

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

Title: D
Name: VOSS, JEFFERSON
Address: 9350 CONROY WINDEMERE RD
City-St-Zip: ORLANDO, FL 34786

Title: C
Name: BURUEZO, CARLOS
Address: 300 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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

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

Title: VP
Name: DAVES, RICHARD
Address: 3670 MAGUIRE BOULEVARD, SUITE 200
City-St-Zip: ORLANDO, FL 32803

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: RICHARD DAVES VP 01/05/2011

Electronic Signature of Signing Officer or Director Date