

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723889

FILED
Jan 12, 2009
Secretary of State

Entity Name: CHEMICAL ADDICTIONS RECOVERY EFFORT, INC.

Current Principal Place of Business:

4000 E. 3RD STREET
PANAMA CITY, FL 32404 US

New Principal Place of Business:

Current Mailing Address:

4000 E. 3RD STREET
PANAMA CITY, FL 32404 US

New Mailing Address:

FEI Number: 59-2912345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, TUNNIE
4000 E 3RD STREET
PANAMA CITY, FL 32404 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: MED () Delete
Name: MILLER, TUNNIE
Address: 4000 E 3RD STREET
City-St-Zip: PANAMA CITY, FL 32404 US

Title: ST () Delete
Name: HALL, LAURENCE
Address: 6930 MIKE LANE
City-St-Zip: CALLAWAY, FL 32404 US

Title: PT () Delete
Name: RANDALL, BILL
Address: 5801 THOMAS DRIVE, #1224
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: V () Delete
Name: BOHAC, PAUL
Address: 7010 MIKE LANE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: T () Delete
Name: EVANS, LEON
Address: 3421 N. HWY 77
City-St-Zip: PANAMA CITY, FL 32405 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: HALL, LAURENCE
Address: 6930 MIKE LANE
City-St-Zip: CALLAWAY, FL 32404 US

Title: PT (X) Change () Addition
Name: BOHAC, PAUL
Address: 7010 MIKE LANE
City-St-Zip: PANAMA CITY,, FL 32404 US

Title: V (X) Change () Addition
Name: EVANS, LEON
Address: 3421 N. HWY 77
City-St-Zip: PANAMA CITY, FL 32405 US

Title: ST (X) Change () Addition
Name: DURDEN, JULIE
Address: 114 FOXRIDGE ROAD
City-St-Zip: PANAMA CITY, FL 32405 US

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: TUNNIE MILLER

MED

01/12/2009

Electronic Signature of Signing Officer or Director

Date