

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90014 046 ****70.00

DOCUMENT # 726916 1. Entity Name THE CENTERS, INC.					
Principal Place of Business 5664 SW 60TH AVENUE, BLDG 1 OCALA, FL 34477 US 34474			Mailing Address 5664 SW 60TH AVENUE, BLDG 1 BUILDING 1 OCALA, FL 34477 US 34474		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0177273	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RASCO, RUSSELL 4575 SE 48TH PLACE RD. OCALA, FL 34480			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President Ehlers, Brian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POLISENO, CHARLES		NAME	2437 SE 17th St.	
STREET ADDRESS	3600 W SOVERIEGN PATH, SUITE 291		STREET ADDRESS	Ocala, FL 34471	
CITY-ST-ZIP	LECANTO, FL 34461		CITY-ST-ZIP	Ocala, FL 34471	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'STEAN, G. DAN		NAME	Norman, Gary L.	
STREET ADDRESS	4394 N INDIANHEAD RD		STREET ADDRESS	6132 SW SR200	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	Ocala, FL 34476	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUFFORD, VINESSA		NAME	Hartsock, Robert D.	
STREET ADDRESS	850 NE 36 TERRACE, UNIT D		STREET ADDRESS	1960 N.W. 58th Ct.	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	Ocala, FL 34482	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOOD, JESSICA		NAME	Holland, Vickery L.	
STREET ADDRESS	P O BOX 1119		STREET ADDRESS	2916 S. Circle Drive	
CITY-ST-ZIP	SILVER SPRINGS, FL 34489		CITY-ST-ZIP	Inverness, FL 34450	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Russell Rasco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/21/07 352-291-5554 <small>Date Daytime Phone #</small>		
Russell Rasco					