2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 760480

Entity Name: CHRISTIAN RECOVERY CENTERS, INC.

Current Principal Place of Business:

302 15TH ST NO
ST PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

302 15TH ST NO
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-2129555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVERETT, PERRY
600 21ST AVE NE
SAINT PETERSBURG, FL 33704 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:	D	( ) Delete
Name:	JERRY, BYNES	
Address:	2226 8TH AVENUE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33710	
Title:	TD	( ) Delete
Name:	STANLEY, JUDY,	
Address:	2352 ST CHARLES DR	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	D	( ) Delete
Name:	O'CONNOR, PATRICK M.	
Address:	1250 SOUTH BELCHER ROAD, SUITE 160	
City-St-Zip:	LARGO, FL 33771	
Title:	D	( ) Delete
Name:	EVERETT, PERRY B	
Address:	880 SIXTH STREET SOUTH, SUITE 370	
City-St-Zip:	ST. PETERSBURG, FL 33701	
Title:	D	( ) Delete
Name:	STOKES, KIRK	
Address:	4707 CENTRAL AVE.	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	CARSON, MICHAEL P	
Address:	302 15TH STREET NORTH	
City-St-Zip:	ST PETERSBURG, FL 33705	

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: MICHAEL PAUL CARSON D 02/10/2009

Electronic Signature of Signing Officer or Director — Date