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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **767970** (7)

1. Corporation Name

**CENTER FOR POSITIVE LIVING, INC.**

Principal Place of Business

**802 SARASOTA QUAY  
SARASOTA FL 34236  
US**

Mailing Address

**802 SARASOTA QUAY  
SARASOTA FL 34236-4856  
US**



3. Date Incorporated or Qualified  
**04/15/1983**

3a. Date of Last Report  
**06/07/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RITZ, DAVID O  
802 SARASOTA QUAY  
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **PT**  
STREET ADDRESS **GALLAGHER, CHRIS**  
CITY - ST - ZIP **1723 CHEYENNE ST  
SARASOTA FL 34231**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P/TR**  
1.3 STREET ADDRESS **David Owen Ritz**  
1.4 CITY - ST - ZIP **802 Sarasota Quay  
Sarasota FL 34236**

TITLE ☒ DELETE  
NAME **VT**  
STREET ADDRESS **GELLER, BILL**  
CITY - ST - ZIP **363 AVENIDA MILANO  
SARASOTA FL 34242**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **V/TR**  
2.3 STREET ADDRESS **Susan Scott**  
2.4 CITY - ST - ZIP **1111 79th Street NW  
Bradenton FL 34209**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **RADTKE, RALPH**  
CITY - ST - ZIP **1729 LOMA LINDA  
SARASOTA FL 34239**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **DILGES, ARLENE**  
CITY - ST - ZIP **4625 SLOAN AVE  
SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **M**  
STREET ADDRESS **DEVINE, SHIRLEY**  
CITY - ST - ZIP **5605 GUAVA #104  
HOLMES BCH FL 34217**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **103 Pine Shore**  
5.4 CITY - ST - ZIP **Sarasota FL 34231**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

3/26/97 941-951-0420

CR2E037 (9/96)