2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **767970** Mar 27, 2000 8:00 am **Secretary of State** CENTER FOR POSITIVE LIVING, INC. 03-27-2000 90112 046 ****61.25 Principal Place of Business Mailing Address 802 SARASOTA QUAY 802 SARASOTA QUAY SARASOTA FL 34230-1028 SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business 6320 Venture D<u>rive</u> P.O. Box 1028 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite # 200 Applied For City & State City & State 4. FEI Number 94-2778677 Not Applicable Sarasota, FL Bradenton, FL Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 34202 34230-1028 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CARNES, CAROL L 1103 CITRUS AVE SARASOTA FL 34236 Zip Code City 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. Carol L. Carnes, Senior Minister/Exec Director 3-23-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. XX Change ☐ Addition TITLE TITLE ☐ Delete PT JOHNSON, RON NAME NAME Butler, Richard A. 6865 Corral Court FL 34243 STREET ADDRESS STREET ADDRESS 6865 HUGHES ST. CITY-ST-ZIP CITY-ST-ZIP Longboat key FL 34228 XIX Change Addition TITLE VTR . ☐ Delete TITLE Folsom-Smith, Anne NAME EGGLESTON, SUSAN NAME STREET ADDRESS 900 Alameda Lane STREET ADDRESS 2615 RINGLING BLVD. CITY-ST-ZIP * CITY-ST-ZIP Sarāsota, FL 34234 SARASOTA FL 34237 XIX Change ☐ Addition TITLE ☐ Delete TT TITLE NAME Collins, Valerie SEIDEN, BRUCE NAME STREET ADDRESS STREET ADDRESS 1111 N. GULFSTREAM APT 11D 4115 Pinar Drive CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 Bradenton, FL 34210 XIX Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SEIDEN, LINDA Adams, Emily STREET ADDRESS STREET ADDRESS 1111 N. GULFSTREAM APT. 11D 2800 North Beach Road, #101 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Englewood, FL 34223 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME CARNES, CAROL STREET ADDRESS STREET ADDRESS 1103 CITRUS AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Change XX Addition ☐ Delete TITLE Johnson, Ron NAME NAME STREET ADDRESS STREET ADDRESS 6865 Hughes Street CITY-ST-ZIP CITY-ST-ZIP Longboat Key, FL 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 appointer like empowered.

Carol Carnes

SIGNATURE:

3-23-00

Date

(941) 907-2824

Davtime Phone #