
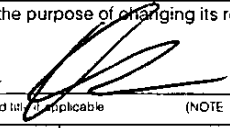
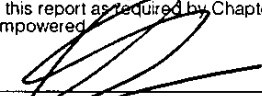


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90099 021 ****61.25

| | | | | | |
|---|---|---|--|---|---|
| DOCUMENT # 767970 1. Entity Name CENTER FOR POSITIVE LIVING, INC. | | | |  | |
| Principal Place of Business 3300 S PINEAPPLE AVE STE 210 SARASOTA FL 34236 US | | | | Mailing Address 3300 S PINEAPPLE AVE STE 210 SARASOTA FL 34236 US | |
| 2. Principal Place of Business 330 S. Pineapple Ave Suite, Apt. #, etc. 210 | | | | 3. Mailing Address 330 S. Pineapple Ave Suite, Apt. #, etc. 210 | |
| City & State SARASOTA FL | | City & State SARASOTA FL | | 4. FEI Number 94-2778677 | |
| Zip 34236 Country USA | | Zip 34236 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARNEY, ROBERT 5032 WILLOW LEAF WAY SARASOTA FL 34241 | | | | 7. Name and Address of New Registered Agent Name DAVID OWEN RITZ Street Address (P.O. Box Number is Not Acceptable) 330 S. PINEAPPLE # 210 City SARASOTA FL Zip Code 34236 | |
| 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 DAVID OWEN RITZ  DATE 7/19/05 <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD PAGE, EDWARD 5400 OCEAN BLVD 101 SARASOTA FL 34242 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board President DAVID OWEN RITZ 330 S. Pineapple Ave 210 SARASOTA FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD POST, LINDA 2214 ALVARADO LANE SARASOTA FL 34231 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board member Ed PAGE 5400 Ocean Blvd 101 SARASOTA FL 34242 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HARNEY, ROBERT 5032 WILLOW LEAF WAY SARASOTA FL 34241 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board member JERRY JORDAN 3263 Pine Valley Dr. SARASOTA FL 34239 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOLDES, WENDY 990 PALM AVE 1201 SARASOTA FL 34236 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board member MARC PELLETZ 5677 BENEVA WOODS Circle SARASOTA FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUNIZ, HECTOR 1219 68TH AVE W BRADENTON FL 34207 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board member BOBBY WYATT 4607 LEGACY SARASOTA, FL 34241 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLASEL, JUDY 7219 BOUNTY DRIVE SARASOTA FL 34231 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer RANDY SCHWEITZER 674 MOURNING DOVE DR. SARASOTA FL 34236 |
| 12. I 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 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: DAVID OWEN RITZ  | | | | 7/19/05 941-366-0275 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | |