2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# 767970

Entity Name: CENTER FOR POSITIVE LIVING, INC.

Current Principal Place of Business:

330 S. PINEAPPLE AVE
210
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

330 S. PINEAPPLE AVE
210
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 94-2778677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RITZ, DAVID O
330 S. PINEAPPLE # 210
SARASOTA, FL 34236 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:	BM	( ) Delete
Name:	OWEN RITZ, DAVID	
Address:	330 S. PINEAPPLE AVE #210	
City-St-Zip:	SARASOTA, FL 34236	
Title:	BM	( ) Delete
Name:	HART, ANA	
Address:	1890 RITA ST	
City-St-Zip:	SARASOTA, FL 34231	
Title:	VP	( ) Delete
Name:	MARKS, RICK	
Address:	2308 TANGLEWOOD DRIVE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	BM	( ) Delete
Name:	RYAN, NICK	
Address:	6005 36TH COURT EAST	
City-St-Zip:	ELLENTON, FL 34222	
Title:	BP	( ) Delete
Name:	FERN, DON	
Address:	6353 JARVIS ROAD	
City-St-Zip:	SARASOTA, FL 34241	
Title:	BM	( ) Delete
Name:	SEABORN, PATRICIA	
Address:	1600 PALMETTO LANE	
City-St-Zip:	SARASOTA, FL 34236	

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:	TREA	(X) Change ( ) Addition
Name:	MARTEL, LAUREEN	
Address:	412 EAST MACEUEN DRIVE	
City-St-Zip:	OSPREY, FL 34229	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: STEVEN DUNHAM DOP 10/21/2009

Electronic Signature of Signing Officer or Director — Date