

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H02775 (5)
1. Corporation Name

CREATIVE LIVING PROGRAMS, INC.



Principal Place of Business

Mailing Address

756 FORTUNA DR
BANDON FL 33511

756 FORTUNA DR
BANDON FL 33511

3. Date Incorporated or Qualified 05/09/1984
3a. Date of Last Report 02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 2936 NW 23rd Drive

26 2936 NW 23rd Drive

4. FEI Number 59-2411340
Applied For Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Gainesville, FL

28 Gainesville, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

Zip Country

Zip Country

24 32605

25 USA

29 32605

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREZ, RAYMOND
756 FORTUNA DRIVE
BRANDON FL 33511

81 Name

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

2936 NW 23rd Drive

83

Gainesville, FL

84 City

85 Zip Code FL 32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 PD
NAME PEREZ, ROSITA
STREET ADDRESS 756 FORTUNA DR
CITY-ST-ZIP BRANDON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2936 NW 23 Drive
1.4 CITY-ST-ZIP Gainesville, FL 32605

TITLE STD
NAME PEREZ, RAYMOND
STREET ADDRESS 756 FORTUNA DR
CITY-ST-ZIP BRANDON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2936 NW 23rd Drive
2.4 CITY-ST-ZIP Gainesville, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: Raymond Perez, STD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 (352) 376-0133
Date Daytime Phone #

CR2E034 (3/96)