

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 02, 2007**  
**Secretary of State**

DOCUMENT# N00000001482

**Entity Name:** COUNSELING AND RECOVERY CENTER, INC.

**Current Principal Place of Business:**

4753 ORANGE AVENUE  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1257  
FT. PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:** 65-0988051      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOLD, JILL  
1451 BINNEY DR.  
FT. PIERCE, FL 34949      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: V      ( ) Delete  
Name: ARNOLD, JULI  
Address: 736 CAMPBELL RD.  
City-St-Zip: FT. PIERCE, FL 34945

Title: PMD      ( ) Delete  
Name: ARNOLD, JILL  
Address: 1451 BINNEY DR.  
City-St-Zip: FT. PIERCE, FL 34949

Title: DC      ( ) Delete  
Name: SHAW, CAROL  
Address: 102 NORTH 38TH ST  
City-St-Zip: FT PIERCE, FL 34947

Title: DST      ( ) Delete  
Name: SLOAN, GRACE  
Address: 11535 PALOMINO DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34987

Title: D      ( ) Delete  
Name: WEBER, JUDY  
Address: 1473 CAPTAINS WALK  
City-St-Zip: FORT PIERCE, FL 34950

Title: D      ( ) Delete  
Name: HOLMAN, HAZEL  
Address: 1713 ANCCIE STREET  
City-St-Zip: PORT ST LUCIE, FL 34983

**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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: AUTULLO, MARGARET  
Address: 7540 15TH STREET  
City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify for the 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: JILL M. ARNOLD

PMD

04/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date