

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
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Address:
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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