NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1053

DOCUMENT # N00000005878

1. Entity Name

Academy of Recovery Inc

DO NOT WRITE IN THIS SPACE

FILED

02 MAR 27 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1544 Dowse Ct NE	1544 Dowse Ct NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay Fl	City & State: Palm Bay Fl
Zip: 32905 Country: US	Zip: 32905 Country: US

4. FEI Number: 593673444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: AKhabir Abduliahwali

Street Address (P.O. Box Number is Not Acceptable): 1544 Dowse Ct. NE

City: Palm Bay FL Zip Code: 32905

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.

SIGNATURE: AKhabir Abduliahwali DATE: 3/25/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CEO P D	TITLE	900005491749--8
NAME	AKhabir Abduliahwali	NAME	-05/08/02--01043--028
STREET ADDRESS	1544 Dowse Ct N.E.	STREET ADDRESS	*****70.00 *****70.00
CITY-ST-ZIP	Palm Bay Fl 32905	CITY-ST-ZIP	
TITLE	VP D	TITLE	
NAME	Kadijah Abduliahwali	NAME	
STREET ADDRESS	915 NW 1st Ave Apt 712	STREET ADDRESS	
CITY-ST-ZIP	Miami Fl 33136	CITY-ST-ZIP	
TITLE	S D	TITLE	
NAME	Mary Warner	NAME	
STREET ADDRESS	1544 Dowse Ct. N.E	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Palm Bay Fl 32905	CITY-ST-ZIP	
TITLE	T D	TITLE	**IN THIS SPACE**
NAME	Robert D. Warner	NAME	
STREET ADDRESS	2800 Milum Dr. Box 41	STREET ADDRESS	
CITY-ST-ZIP	Moore Haven, Fl 33471	CITY-ST-ZIP	
TITLE	VS D	TITLE	
NAME	Kevin Whideman	NAME	
STREET ADDRESS	359 San Servando Av SW	STREET ADDRESS	
CITY-ST-ZIP	Palm Bay Fl 32908	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Delores Lewis	NAME	
STREET ADDRESS	2617 Leewood Blvd	STREET ADDRESS	
CITY-ST-ZIP	Melbourne Fl 32935	CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: AKhabir Abduliahwali 3/25/02 321-725-5785

SIGNATURE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

2053

Academy of Recovery Inc
1544 Dowse Ct. N.E.
Palm Bay, Fl. 32905
(321) 725-5785 pgr (321) 635-5502

Dept of State
Division of Corporations
409 E Gaines St
Tallahassee Fl 32399

Re: N00000005878

Please be advised that all documents/correspondence from our agency should be: signed by Akhabir Abduliahwali and notdrized. Any other correspondence is unauthorized.

Please note our new address.

Payment enclosed $70 - check From Treasurer R. Warner - check # 1225.

Sworn before me this 25th day of March 02
Akhabir Abduliahwali

Notary Public
Dolores C. Rayen
My Commission DD078997
Expires December 16, 2005

Akhabir Abduliahwali
Agent & CEO/Pres.

3 of 3

Academy of Recovery Inc

N00000005878

FEI 593673444

Not-For-Profit
Uniform Business Report

Attachment:

Block 10

#7

Title — D
Name — Clyde Trautioff
Address — 1102 Branca Dr NE
City-St-Zip — Palm Bay, Fl 32905

Authorized Agent [signature]

Sworn to and subscribed this 25th day of March 02
[illegible]

Dolores C Rayen
My Commission DD078997
Expires December 16, 2005