2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# N00000007013

Entity Name: THE RECOVERY RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

555 STOCKTON STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

555 STOCKTON STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3678265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: D ( ) Delete
Name: DIAZ, PHILIP
Address: 1132 RIO ST. JOHNS DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: GAY, WILLIAM
Address: 524 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: CURRAN, DAN
Address: ONE INDEPENDENT DRIVE SUITE 2700
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: JENNINGS, RANDY
Address: 2120 WHITE WIND DOVE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POWERS, GARY
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

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

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 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: GARY POWERS D 01/12/2006

Electronic Signature of Signing Officer or Director — Date