2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006
Secretary of State

DOCUMENT# N01000006469

Entity Name: RECOVERING PHARMACISTS NETWORK OF FLORIDA, INC.

Current Principal Place of Business:

181 SABAL PALM DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

181 SABAL PALM DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 04-3626719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, BOB
181 SABAL PALM DRIVE
LONGWOOD, FL 32779 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: P ( ) Delete
Name: TEMPLEMAN, DAVID
Address: 1200 NORTH ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP ( ) Delete
Name: DAVIS, MITCH
Address: 1977 FALCON CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: ST ( ) Delete
Name: THORPE, CHARLES
Address: 5351 BAYWATER DR
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: THOMPSON, KEN
Address: 8800 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: ED ( ) Delete
Name: MILLER, BOB
Address: 318 SHADOW BAY BLVD N
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: HORTON, CHARA
Address: 1133 SW 41ST STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: ST (X) Change ( ) Addition
Name: NAIMAN, NELSON R
Address: 19204 WEYMOUTH DRIVE
City-St-Zip: LAND O'LAKES, FL 34638

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: BOB MILLER ED 02/02/2006

Electronic Signature of Signing Officer or Director — Date