2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# N01000006572

Entity Name: THE CENTRE FOR POSITIVE LIVING, INC.

Current Principal Place of Business:

204 SOUTH ORANGE STREET
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

204 SOUTH ORANGE STREET
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 65-1159199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLURE, JOHN K
230 SOUTH COMMERCE AVENUE
SEBRING, FL 338703735 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:	CONYER, ANDREW	
Address:	204 S ORANGE STREET	
City-St-Zip:	SEBRING, FL 33875	
Title:	D	( ) Delete
Name:	BAIRD, J.D.	
Address:	124 NE LAKEVIEW DRVE #6	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	MCAFEE, JOANNE	
Address:	204 S ORANGE STREET	
City-St-Zip:	SEBRING, FL 33870	
Title:	D	( ) Delete
Name:	DECERBO, JOE	
Address:	204 S ORANGE STREET	
City-St-Zip:	SEBRING, FL 33870	
Title:	S	( ) Delete
Name:	PADGETT, BEVERLY	
Address:	204 S ORANGE STREET	
City-St-Zip:	SEBRING, FL 33870	
Title:	VP	( ) Delete
Name:	HAVLOCK, MILLIE	
Address:	204 S ORANGE STREET	
City-St-Zip:	SEBRING, FL 33870	

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:	( ) 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: ANDREW C CONYER P 01/11/2007

Electronic Signature of Signing Officer or Director — Date