

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006572

FILED  
Jan 17, 2008  
Secretary of State

**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:**

10417 S. ORANGE BLOSSOM BLVD.  
SEBRING, FL 33875 US

**Current Mailing Address:**

204 SOUTH ORANGE STREET  
SEBRING, FL 33870 US

**New Mailing Address:**

10417 S. ORANGE BLOSSOM BLVD  
SEBRING, FL 33875 US

**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 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

01/17/2008

Electronic Signature of Signing Officer or Director

Date