

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008037

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** CEDAR CREEK LIFE CENTER, INC.

**Current Principal Place of Business:**

490 DIANA BLVD.  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

490 DIANA BLVD  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 59-3756239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUGHES, BETTY A  
2080 NEWFOUND HARBOR DR.  
MERRITT ISLAND, FL 32952 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:** DP  
**Name:** FLECK, ROGER  
**Address:** 490 DIANA BLVD.  
**City-St-Zip:** MERRITT ISLAND, FL

**Title:** D  
**Name:** FLECK, MARCY  
**Address:** 490 DIANA BLVD.  
**City-St-Zip:** MERRITT ISLAND, FL

**Title:** VP  
**Name:** HILL, IRA  
**Address:** 1260 GREENSIDE CIR  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** DT  
**Name:** HUGHES, BETTY A  
**Address:** 2080 NEW FOUND HARBOR DR.  
**City-St-Zip:** MERRITT ISLAND, FL 329522841

**Title:** SD  
**Name:** HEATHCOTE, PAULINE  
**Address:** 775 PLANTATION RD.  
**City-St-Zip:** MERRITT ISLAND, FL

I hereby 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 all other like empowered.

**SIGNATURE:** BETTY A HUGHES

DT

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date