

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005517

FILED
Jan 18, 2008
Secretary of State

Entity Name: RECOVERY CIRCLES FOUNDATION, INC.

Current Principal Place of Business:

4931 BONITA BAY BLVD.
#2603
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

4931 BONITA BAY BLVD.
#2603
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 32-0022237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: V () Delete
Name: FORD, WILLIAM SEAN
Address: 7 HASTINGS ROAD
City-St-Zip: WESTON, MA 02493

Title: D () Delete
Name: FORD, DEBORAH
Address: 7 HASTINGS ROAD
City-St-Zip: WESTON, MA 02493

Title: D () Delete
Name: FORD, KATHLEEN C
Address: 4931 BONITA BAY BLVD. #2603
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: HOTTINGER, PAUL
Address: 4828 HIGHLAND AVENUE
City-St-Zip: DOWNERS GROVE, IL 60515

Title: D () Delete
Name: BOYCE, DAVID J
Address: 25 FIRST ST
City-St-Zip: CAMBRIDGE, MA 02141

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: HOTTINGER, PAUL
Address: 1450 GREEN TRAIL DRIVE
City-St-Zip: NAPERVILLE, IL 60540

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

Title: D () Change (X) Addition
Name: FORD, EOWYN
Address: 2305 W. WABANSIA
City-St-Zip: CHICAGO, IL 60647

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: KATHY FORD

DIR

01/18/2008

Electronic Signature of Signing Officer or Director

Date