2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N02000005517

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:	1450 GREEN TRAIL DRIVE	
City-St-Zip:	NAPERVILLE, IL 60540	
Title:	D	( ) Delete
Name:	BOYCE, DAVID J	
Address:	25 FIRST ST	
City-St-Zip:	CAMBRIDGE, MA 02141	
Title:	D	( ) Delete
Name:	FORD, EOWYN	
Address:	2305 W. WABANSIA	
City-St-Zip:	CHICAGO, IL 60647	

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:	D	(X) Change ( ) Addition
Name:	FORD, EOWYN	
Address:	2153 N. OAKLEY AVE.	
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 01/21/2009

Electronic Signature of Signing Officer or Director — Date