

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005517

FILED
Jan 19, 2010
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
Name: FORD, WILLIAM SEAN
Address: 7 HASTINGS ROAD
City-St-Zip: WESTON, MA 02493

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

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

Title: D
Name: HOTTINGER, PAUL
Address: 1450 GREEN TRAIL DRIVE
City-St-Zip: NAPERVILLE, IL 60540

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

Title: D
Name: FORD, EOWYN
Address: 2153 N. OAKLEY AVE.
City-St-Zip: CHICAGO, IL 60647

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: KATHLEEN FORD

PRES

01/19/2010

Electronic Signature of Signing Officer or Director

Date