2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# N04000001028

Entity Name: NEW RIVER CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

8 RAWLINGS RUN
FLAT ROCK, NC 28731

New Principal Place of Business:

Current Mailing Address:

8 RAWLINGS RUN
FLAT ROCK, NC 28731

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TURPIN, BENJAMIN
1138 FUNDY
VENICE, FL 34293 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: PD ( ) Delete
Name: TURPIN, SHARI
Address: 8 RAWLINGS RUN
City-St-Zip: FLAT ROCK, NC 28731

Title: VP ( ) Delete
Name: BERRY, ELIZABETH
Address: 1489 JACKSON LOOP RD.
City-St-Zip: FLAT ROCK, NC 28731

Title: SD ( ) Delete
Name: TURPIN, BENJAMIN
Address: 1138 FUNDY
City-St-Zip: VENICE, FL 34293

Title: TD ( ) Delete
Name: TURPIN, ZACHARIAH
Address: 8 RAWLINGS RUN
City-St-Zip: FLAT ROCK, NC 28731

Title: D ( ) Delete
Name: MCGREGOR, EVERETT
Address: 3847 PINE RIDGE
City-St-Zip: HAYDEN, ID 83835

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:

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: ELIZABETH BERRY VP 09/05/2007
Electronic Signature of Signing Officer or Director — Date