

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004753

FILED  
Jun 03, 2007  
Secretary of State

Entity Name: RECOVERY RETREAT, INC.

## Current Principal Place of Business:

1203 SE 22ND AVENUE  
CAPE CORAL, FL 33990

## New Principal Place of Business:

## Current Mailing Address:

1203 SE 22ND AVENUE  
CAPE CORAL, FL 33990

## New Mailing Address:

FEI Number: 04-3833773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

LOVELACE, JERRY L  
215 SE 46TH STREET  
CAPE CORAL, FL 33904      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: PTD      ( ) Delete  
Name: BURKART, ROBERT  
Address: 1203 SE 22ND AVE  
City-St-Zip: CAPE CORAL, FL 33990

Title: VD      ( ) Delete  
Name: COBB, DEBORAH  
Address: 642 INGRAHAM AVE  
City-St-Zip: LAKELAND, FL

Title: D      ( ) Delete  
Name: DEL VALLE, JOSEPH  
Address: 2025 SYLVESTER RD., J-3  
City-St-Zip: LAKELAND, FL 33803

Title: D      ( ) Delete  
Name: KAPLAN, MORTON  
Address: 12746 CHATHAM DR  
City-St-Zip: FT MYERS, FL 33908

Title: S      ( ) Delete  
Name: STEED, PAT  
Address: 2248 CRYSTAL GROVE LANE  
City-St-Zip: LAKELAND, FL 33801

## 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: ROBERT J. BURKART

PRES

06/03/2007

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

\_\_\_\_\_  
Date