

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004604

FILED
Apr 02, 2009
Secretary of State

Entity Name: FOUNDATION FOR RECOVERY, INC.

Current Principal Place of Business:

3320 N BUFFALO DRIVE
SUITE 204
LAS VEGAS, NV 89129 US

New Principal Place of Business:

Current Mailing Address:

C/O TESCHER & SPALLINA, P.A.
2101 CORPORATE BLVD. SUITE 107
BOCA RATON, FL 33431 US

New Mailing Address:

C/O TESCHER & SPALLINA, P.A.
4855 TECHNOLOGY WAY, SUITE 720
BOCA RATON, FL 33431 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M & W AGENTS, INC.
2101 CORPORATE BLVD., STE. 107
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

T & S REGISTERED AGENTS, LLC
4855 TECHNOLOGY WAY, SUITE 720
BOCA RATON, FL 33431 US

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: DONALD R. TESCHER

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, STUART P.
Address: 3320 N BUFFALO DRIVE SUITE 204
City-St-Zip: LAS VEGAS, NV 89129 US

Title: D () Delete
Name: REHMAR, ROBERT
Address: 6841 FARRALONE AVE.
City-St-Zip: CANOGA PARK, CA 91303

Title: D () Delete
Name: BAUMAN, LYNN
Address: F25 N. RIO VISTA BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D () Delete
Name: GRECO, ANTHONY
Address: 2301 GLENBROOK WAY
City-St-Zip: LAS VEGAS, NV 89117

Title: D () Delete
Name: SMITH, HUNTER J.
Address: 1160 TENNIS RD.
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: D () Delete
Name: SZABO, FRANK
Address: 4842 E. IMPERIAL AVE.
City-St-Zip: LAS VEGAS, NV 89104

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
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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: STUART P. SMITH

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date